# 11-3642-cv(L)

11-3962-cv(XAP)

IN THE

### United States Court of Appeals

FOR THE SECOND CIRCUIT

ALAN KACHALSKY, CHRISTINA NIKOLOV, JOHNNIE NANCE, ANNA MARCUCCI-NANCE, ERIC DETMER, SECOND AMENDMENT FOUNDATION, INC.,

Plaintiffs-Appellants-Cross-Appellees,

ν.

COUNTY OF WESTCHESTER,

Defendant-Appellee-Cross-Appellant,

and

Susan Cacace, Jeffrey A. Cohen, Albert Lorenzor, Robert K. Holdman,

Defendants-Appellees.

On Appeal from the United States District Court for the Southern District of New York (White Plains)

#### JOINT APPENDIX VOLUME II OF III Pages A266 to A557

WESTCHESTER COUNTY
ATTORNEY'S OFFICE
Thomas Gardiner
Assistant County Attorney
Attorneys for Defendant-AppelleeCross-Appellant
148 Martine Avenue, Room 600
White Plains, New York 10601
914-995-3652

Alan Gura
GURA & POSSESSKY, PLLC
Attorneys for Plaintiffs-AppellantsCross-Appellees
101 North Columbus Street, Suite 405
Alexandria, Virginia 22314
703-835-9085

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL OF THE
STATE OF NEW YORK
Simon Heller
Assistant Solicitor General
Attorneys for Defendants-Appellees
120 Broadway
New York, New York 10271
212-416-8025

### JOINT APPENDIX

### TABLE OF CONTENTS

$V_{\Omega}$	lume	T
V O	lume	т.

District Court Docket Entries
First Amended Complaint [18]
Motion to Dismiss by Individual Defendants [30]
Motion to Dismiss by County of Westchester [33]
Rotini Affidavit in Support of Motion to Dismiss [33-1]
Tomari Declaration re: State Defendants' Motion to Dismiss [34] 51         Exhibit 2, Tomari Letter to Court, 11/5/2010
Plaintiffs' Motion for Summary Judgment [39]
Plaintiffs' 56.1 Separate Statement of Undisputed Facts [41] 86

State Defendants' Cross-Motion for Summary Judgment [42] 94
State Defendants' 56.1 Separate Statement of Undisputed Facts [44]
Rotini Declaration Opposing Plaintiffs' Summary Judgment Motion [45]
Plaintiffs' 56.1 Statement Opposing Defendants' Summary Judgment Motion [47.1]
Westchester County's Response to Plaintiffs' 56.1 Statement [48] 193
Tomari Declaration in Support of State Defendants'  Summary Judgment Motion [49]
<u>Volume II</u> :
Additional Exhibits to Tomari Declaration in Support of Summary Judgment Exhibit G, Nikolov Investigative File [49-7]
Philip Cook Declaration [52]
Franklin Zimring Declaration [53]

Susan Cacase Declaration [54]
Jeffrey Cohen Declaration [55]
Albert Lorenzo Declaration [56]
Robert Holdman Declaration [57]
David Roefaro Declaration [58]
Stephanie Miner Declaration [59]
Thomas Fazio Declaration [60]
James Sherman Declaration [61]
Andrew Lunetta Declaration [62]
Bruce Bellom Declaration [63]
Marge Cohen Declaration [64]
<u>Volume III</u> :
Additional Exhibits to Tomari Declaration in Support of Summary Judgment Exhibit S1, Laws of New York, Chapter 195,
\$1897 (1911) [65-2]
§1897 (1913) [65-2]

Exhibit S8, Laws of New York, Chapter 297,
§1897 (1921) [65-2]
Exhibit S9, 1962 Legislative Committee Report [65-3] 586
Exhibit S10, 1963 Legislative Committee Report [65-3] 616
Exhibit S11, 1963 Legislative Annual Report [65-3] 622
Exhibit S12, Laws of New York, Chapter 136,
§1903 (1963) [66-1]
Exhibit S13, 1965 Legislative Committee Report [66-1] 648
Exhibit S14, 1987 New York Senate Debate
on Senate Bill 3409 [66-2]
Notice of Appeal [82]
Amended Notice of Appeal [83]
Notice of Appeal [85]

<sup>\*</sup>Duplicative material in this exhibit redacted.

# EXHIBIT G



### REDACTED

**NEW YORK VSE APPLICAT** 

1845

INSTRUCTIONS: Print or type in black ink only COUNTY OF ISSUE A A

OF ISSUE

	EXPLANTIGH DATE	lu	
TION	EXPLACTION DATE		1703.
	REDAC	TED	

MEET ACCORDED OR OTHER LOCATION	MPLOYMENT (* Premise #	(Check one only)	REDAC	
LICENSE IS REQUIRED FOR TH	E FOLLOWING REASON:	Full Carry		19 COCE
GIVE FOUR CHARACTER	REFERENCES WHO BY TH	EIR SIGNATURE ATTEST TO	YOUR GOOD MORAL CHAR	ACTER SIGNATURE
OKC VIVIENDE		REDAC	ED	Tomas forke
A POSA ROSCHAR VE YOU EVER BEEN ARRESTED, AFFIC INFRACTIONS?	SUMMONED, CHARGES (	OR INDICTED ANYWHERE FO IF YES, FURNISH THE FOL	LOWING INFORMATION:	
DATE POLICE AGE	ENCY	CHARGE	DISPOSITION -	COURT AND DATE
/E YOU EVER BEEN TERMINATED/DI	ISCHARGED FROM ANY EMPU	DYMENT OR THE ARMED FORCE	ES FOR CAUSE?	YES INO
YE YOU EVER UNDERGONE TREATM			CO.	YES NO
VE YOU EVER SUFFERED ANY MENT VATE INSTITUTION, FOR MENTAL ILL VE YOU EVER HAD A PISTOL THEN	LNESS? SE DEALER'S DEENSE GUNS	METH LICENSE, OR ANY APPLIC	ATION	YES INO
VE YOU EVER HAD A PISTOL LICENS I SUCH A LICENSE DISAPPROVED, O YOU HAVE ANY PHYSICAL CONDITI				YES NO
ANDGUN? VE YOU EVER BEEN CHARGED, PETT A PROCEEDING IN FAMILY COURT?				☐ YES ☑ NO
A PROCEEDING IN FAMILY COURT? UNSWER TO ANY COESTION IS YES.	EXPLAIN HEAL:			YES NO
	MPRISONMENT, OR	ICATION AND CONSTI BOTH. THE FOLLOWING CON	TATEMENT WILL BE SITUTES A CRIME PUNIS DITIONS AFFECT ANY	SHABLE BY FINE,
	TO THE STATE OF TH	N OF THE ATTLCATION SWALD IN THE STATE OF A	GE AND MY NEW ADDRESS MIST MID IN NASSAU COUNTY AND SUFFI SILCH CHANGE CT TO PEYOCATION AT AIRATTRIK COURT OF RECORD	DIK COUNTY, DIA M. PRICE D. State of New York
		7.	<b>A MR-4 IA</b>	n #01PR6040763
	JURA SIGNI	D AND SWORN TO BEFORE	ME Commission	Expires May 1, 20 10
		DAY OF	A4. 0ii	Expires May 1, 20 10

		and the	···	
1. RIGHT THUMB	2. "RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER

### REDACTED

e . Has reason	THE DRIVE WOOD	18, LEFT MIDDEESFINGER   9. LEFT, RINGSFINGER   10. LEFT LITTLE FINGER	,
		REDACTED	
	•		
LEFT FOUR FINGERS		PRESSIONS TAKENESIMULTANEOUSE E RIGHT FOUR FINGERS	<del></del>
		THUMBS TAKEN TOGETHER	

### REDACTED

				The same	
IMPRESSIONS TAKEN BY:	AME Merche	eword	DAMEY /	) A GHEI!	42 W 37-09
APPLICANT'S SIGNATURE	AND ADDRESS: Chris	time ni	tolor RE	DACTE	ED
INVESTIGATION		NFORMAT		APPLICANT HAS B	EEN VERIFIED:
NAME	menos	1	RANK Der	ORGA	MEATION W/abPS
0				SIGNATURE OF INV	ESTIGATING OFFICER
THIS APPLICATION	S APPROVED O	SAPPROVED	STRING OUT ONE) THE	FOLLOWING RESTRICTION LICENSE:	DN(S) IS (ARE) APPLICABLE TO
$\mathcal{O}_{\mathcal{A}}$	HON	JEFFRE	YA. COHEM	LIGENSE	ł.
	AND SIGNATURE OF GA	NAALOO	RTJUDGE 1/1/2	189	
IF LICENSING OF ORIGINAL/LICEN	FICER AUTHORIZ ISE. FURNISH TH	E FOLLOW	DSSESSION OF A PISTOING INFORMATION:	OR REVOLVER AT	THE TIME OF ISSUE OF
MANUFACTURER	PISTOL OR REVOLVER	CAUBER	SERIAL MUMBER	MODEL	PROPERTY OF:
Glock	Pistol	45	KPL 141	30	Palm Beach Shooting Center
Flock	Pistol	45	HLD 597	39	Coles Gunshap
	·				
Name of the Park Address of	M Miles & Theo work vice the	CONTENDED OF SE	ATE POLICE WITHIN 10 DAYS OF ISSUANCE AS	Divinish by bruil   All govern	IN AN HIPD C
PPERAPPER)	ON OTHER WISE STREET	Som tungent Of 31	were common to the state of transmitted to	ACTION OF PERMIT LAW SECTION O	TOWNER SUBM.S.
	•				



Robert P. Astorino County Executive

Department of Public Safety

June 5, 2009

George N. Longworth Commissioner-Sheriff Honorable Justice Westchester County Court 111 Dr. Martin Luther King, Jr. Blvd. White Plains, NY 10601

RE: Pistol License application of Christina M. Nikolov

REDACTED

Dear Honorable Justice:

The above captioned individual has submitted an application to Westchester County for a New York State (NYS) pistol license for the purpose of FULL CARRY.

A fingerprint based criminal background check was conducted, and a response by both the NYS Department of Criminal Justice Services and the Federal Bureau of Investigation revealed no derogatory information. A query of the files of the NYS Department of Mental Hygiene also revealed no derogatory information; however, the applicant revealed that she underwent counseling prior to undergoing transgender surgery in 1999.

Letters from each of four character references attesting to the good moral character and reputation of the applicant are on file. The applicant has provided proof that she is a United States citizen.

The applicant has submitted notarized documentation attesting that 1) she has been a law abiding citizen her entire life as evidenced by her non-existent criminal record, and 2) she currently possesses a concealed weapon permit with full carry privileges in the state of Florida, and 3) she has never once brandished or discharged a firearm other than in a safe manner, and 4) she is well aware of the responsibility and restraint involved when carrying a concealed weapon, and 5) if she is ever confronted with a potentially dangerous situation, common sense dictates that the course of action is to extract herself from the situation and contact the authorities immediately, and 6) if she is unable to escape such a situation, the only time that she would ever use a firearm is if her life were in imminent danger and she has exhausted all other non-lethal options, and 7) even in such a situation, depending on the circumstances (close quarters, innocent people nearby, etc.), she would still need to determine whether using a firearm would be prudent, and 8) she has completed three firearm safety courses with NRA Certified Instructors over the past three years, and 9) for the past twenty years she has been a licensed commercial pilot, and 10) for more than two years she has been a

A New York State Accredited Law Enforcement Agency

1 Saw Mill River Parkway Hawthorne, NY 10532

Telephone: (914) 864-7700

Website: westchestergov.com

Christina M. Nikolov June 5, 2009 Page 2 of 2

certified flight instructor and instrument flight instructor, and 11) as a pilot and more importantly, someone who teaches people to fly, it is absolutely critical for her to always remain calm regardless of how stressful a situation becomes which is essential when confronted with a potentially dangerous situation, and 12) as a transgender female, she is far more likely to be a victim of violent crime than is a genetic female, and 13) hate crimes are increasing locally as well as nationwide, and 14) she requires a Full Carry firearm license for personal protection.

It appears that the necessary proper cause for the issuance of a firearm license for the purpose of Full Carry has not been met. The applicant has not provided information that she has ever been threatened in any way. Rather, the applicant has asserted that she is "more likely" to be a victim of a violent crime than is a genetic female. The applicant has provided only general information that might be applicable to any member of the public. The applicant has not demonstrated an exceptional need for self protection distinguishable from that of the general public, or from other persons similarly situated.

This application is respectfully forwarded with a recommendation of DISAPPROVAL.

Sincerely,

DEPARTMENT OF PUBLIC SAFETY Westchester County Police

Thomas Belfiore
Commissioner-Sheriff

TB/fd



Memorandum Department of Public Safety

DATE:

May 20, 2009

TO:

Lt. Frank Donovan

FROM:

Sgt. Bruce Bellom #15

RE:

Pistol License application of Christina M. Nikolov

The above captioned individual has submitted an application to Westchester County for a New York State (NYS) pistol license for the purpose of FULL CARRY.

A fingerprint based criminal background check was conducted, and a response by both the NYS Department of Criminal Justice Services and the Federal Bureau of Investigation revealed no derogatory information. In addition, a query of the files of the NYS Department of Mental Hygiene also revealed no derogatory information. Letters from each of four character references attesting to the good moral character and reputation of the applicant are on file. The applicant has provided proof that she is a United States citizen.

The applicant has submitted notarized documentation attesting that 1) she has been a law abiding citizen her entire life as evidenced by her non-existent criminal record, and 2) she meets all the other minimum requirements as stated within the Pistol License Information Handbook, and 3) she currently possesses a concealed weapon permit with full carry privileges in the state of Florida, and 4) she has never once brandished or discharged her firearms anywhere other than in a safe manner at a law enforcement utilized shooting range, and 5) as someone with considerable experience carrying a firearm legally, she is well aware of the responsibility and restraint involved when carrying a concealed weapon, and 6) if she is ever confronted with a potentially dangerous situation, common sense dictates that the course of action is to extract herself from the situation and contact the authorities immediately, and T) if she is unable to escape such a situation, the only time she would ever take out her firearm is if her life were in imminent danger and she has exhausted all other non-lethal options, and 8) even in such a situation, depending on the circumstances (close quarters, innocent people nearby, etc.), she would still need to determine whether using her firearm would be prudent, and 9) she has completed three firearm safety courses with NRA Certified Instructors over the past three years, and 10) she continually seeks opportunities to further educate herself in the area of safety, even when not required by law, and 11) for the past twenty years she has been a licensed commercial pilot, and 12) for more than two years she has been a certified flight instructor and instrument flight instructor, and 13) as a pilot and more importantly, someone who teaches people to fly, it is absolutely critical for

Christina M. Nikolov May 20, 2009 Page 5 of 5

her to always remain calm regardless of how stressful a situation becomes which is essential when either involved in or witness to a potentially dangerous situation, and 14) also relevant to her application and establishing proper cause for a full carry license is her status as a transgender female as the National Coalition of Anti-Violence Programs reports that she is far more likely to be a victim of violent crime than a genetic female, and 15) hate crimes are increasing locally as well as nationwide, and 16) she has included a list of hundreds of crimes against people in similar circumstances as herself, some of which are high profile, like the Brandon Teena murder.

The applicant states that the Canadian government required pre-op counseling and review as well as a post-op interview following her reassignment surgery, however no documentation or reports regarding the counseling sessions are available. While there is ample evidence to indicate that individuals who have undergone transgender reassignment have suffered extreme pain and death (as supplied by the applicant in a 49-page supporting document), the applicant has not provided evidence that she has ever been harassed, threatened, assaulted, abused, robbed or burglarized. She points out only that she is "more likely" to be a victim of a violent crime than a genetic female as reported by the National Coalition of Anti-Violence Programs.

Although the applicant's circumstances are unique, it appears that the necessary proper cause for the issuance of a firearm license for the purpose of Full Carry has not been met. The applicant has not demonstrated an extraordinary need for self protection distinguishable from that of the general public.

This application is respectfully forwarded with a recommendation of DISAPPROVAL.

April 11, 2008

To: Whom it may concern

From: Dan Waters

Subject: Employment Reference

This letter is to verify that Christina Nikolov has been employed at Falcon A viation Academy from February, 2008 until April 11, 2008 as an Instructor Pilot. She performed her assigned tasks within company requirements with no problems noted. I will be happy to provide a reference to anyone as needed in the future.

Dan Waters President

Falcon Aviation Academy

770-486-5561

dan@falconairservices.com



**APPLICANT INFORMATION:** 

# WESTCHESTER COUNTY POLICE PISTOL LICENSE UNIT

ATTACHMENT: FULL CARRY

OFFICE	USE ONLY
CASE#:	
DET:	

Answer all questions fully and in accordance with the guidelines set forth in the Pistol Safety & Information Handbook. This form and attachments must be notarized.

st all factors which juse for <b>i</b> ssuance of	you believe to	o be relevant	to your ap	plication an	d which es	tabiish	prope
use for issuance of	t a tijearm iice		-	attached	<del></del>		
	<del>-</del>			<del></del>			
			<del></del>		· · · · · · · · · · · · · · · · · · ·	<u>, , , , , , , , , , , , , , , , , , , </u>	
<u> </u>				<del> </del>		·	
	· · · · · · · · · · · · · · · · · · ·				· · ·		<del>. `</del>
						<del></del>	
						· -	

WCPD-126H (02-02-2007)

Page 1 of 2 Pages

olez	use see attached
	<del></del>
	·
	1
Christina Nikolov APPLICANT NAME (PRINT)	Christina nicolor
APPLICANT NAME (PRINT)	APPLICANT NAME (SIGNATURE)
STATE OF NEW YORK ) COUNTY OF WESTCHESTER )	
SUBSCRIBED AND SWORN TO BEFORE ME THIS	3 DAY OF MUNCH YEAR 2009
LAINE TARBANIA  Notary Public - State of New York  No. 01TA6179869  Qualified in Westchester County  My Commission Expires December 31, 2011	SIGNATURE OF NOTARY PUBLIC

WCPD-126H (02-02-2007)

Page 2 of 2 Pages

Westchester			
		OFFICE USE ON	ILY:
Andrew J. Spano County Executive	,	CASE#:	69-192
	•		
Department of Public Safety Thomas Belffore		. DETECTIVE:	
Commissioner/ Sheriff		- 2	
Date: 3/01/09		4	
State of New York			
Department of Mental Hygiene			
44 Holland Avenue Albany, New York 12229			
Re: Application for Firearm Licer	nse		
Dear Sir or Madam:			
It is hereby requested that you conduct a below listed person, in accordance with that you respond to this agency in writing APPLICANT: PLEASE COMPLETE THE	New York g, as soon	State Penal Law, se as possible:	ection 400 (4), and
Name (Last): NIKOloV	First: C	hristina	M.I
Alias/ Maiden Name:			
Address: REDACTE	D	REDA	CTED
STREET		STATE	ZIP
Sex: Birth Date	UAU	IED	· · · · · · · · · · · · · · · · · · ·
Place of Birth: New York		United Sta	P.S. STATE OF THE PARTY OF THE
Sincerely,	September 10 cm	OFFICIAL NECORD OF	HOSPITALIZATIUN
DEPARTMENT OF PUBLIC SAFETY	nia.	OFFICIAL NECORD OF R MENTAL ILLNESS SIN	ICE 1965 IF SUBMIR
Westchester County Police		W IV.	
f 211:	P9	HOR TO THE RECUEST	The state of the s

WCPD-126N (01-01-2007)

Thomas Belffore Commissioner-Sheriff

### Christina Nikolov

Explanation of "Yes" answers

- In addition to that which is listed in this application, I work as a flight instructor. I have worked for flight schools, as well as on an individual basis with private clients, training students and providing refresher lessons. I am also a volunteer with Civil Air Patrol, which is a branch of the United States Air Force. In addition, I also do other volunteer work.
- Deapon Permit in Florida, since Nov. 15, 2006.
- (3) Even though it was not required by law, I opted to take two Ghour training courses (Firearm safety with live fire) and (Tactical Training). Approximately 800 Rounds fired.

Christina Nikolov

Christia Nikolor

Sworn to me this 3rd day March 2009

LAINE TARBANIA
Notary Public - State of New York
No. 01TA6179869
Qualified in Westchester County
My Commission Expires December 31, 2011

\* Please describe your interest in target shooting as a sportsman:

My family and I have been involved in target shooting and other outdoor activities for as long as I can recall. Outdoor sports like target shooting have been a part of our family's culture for so long that it is difficult to imagine life without them. And it is my belief that target shooting as a sportsman strengthens ones character, while also allowing a person to connect with this nation's traditions.

\* List any other Factor(s) which you believe to be relevant to your application and which establish proper cause for the issuance of a firearm license for the express purpose of target shooting as a sportsman:

I enjoy target shooting to practice safety procedures and improve my personal marksmanship. Safety is my number one priority, so as a responsible and experienced owner of firearms, it is my belief that anyone who is afforded with opportunities to practice handling and discharging firearms in a safe environment such as a shooting range staffed by range officers, will be a far safer gun owner.

\* List all factors which you believe to be relevant to your application and which establish proper cause for the issuance of a firearm license for the purpose of Full Carry:

First of all, I have been a law-abiding citizen my entire life, as evidenced by my non-existent criminal record. And I meet all the other minimum requirements stated within the Pistol License Information Handbook.

In addition, I currently possess a concealed weapon permit (with full-carry privileges) in the State of Florida and have never once brandished or discharged my firearms anywhere other than in a safe manner at a law-enforcement utilized shooting range. As someone with considerable experience carrying a firearm legally, I am well aware of the responsibility involved when carrying a concealed firearm and the restraint required.

If ever confronted with a potentially dangerous situation, common sense dictates that the course of action is to extract myself from the situation and contact the authorities immediately. And if I am unable to escape, the only time I would ever take out my firearm would be if my life were in imminent danger and I have exhausted all other non-lethal options. But even then, depending on the circumstances (closed quarters, innocent people nearby, etc.), I would still need to determine whether using a firearm would be prudent.

I have completed three firearms safety courses with NRA Certified Instructors over the past three years and continually seek opportunities to further educate myself in the area of safety, even when not required by law.

For the past 20 years I have been a licensed commercial pilot and for more than two years, a certified flight instructor and instrument flight instructor. As a pilot and more importantly, someone who teaches people to fly, it is absolutely critical for me to always remain calm regardless of how stressful a situation becomes. I mention this because a calm demeanor is essential when either involved in or a witness to a potentially dangerous situation.

Also relevant to my application and establishing proper cause for issuing me a New York State full carry firearm license is my status a transgender female, the National Coalition of Anti-Violence Programs reports that I am far more likely to be a victim of violent crime than a genetic female. And these hate crimes are increasing locally, as well as nationwide. I have included a list of hundreds of crimes against people in similar circumstances as myself, some of which are high profile, like the Brandon Teena murder.

Christina Nikolov

Christing Mitolor

this 3rd day

LAINE TARBANIA
Notary Public - State of New York
No. 01TA6179869
Crualified in Westchester County
My Commission Expires December 31, 2011

CLINIQUE DE CHIRURGIE ESTHÉTIQUE

#### AFFIDAVIT

- I, Pierre Brassard, M.D., swear under penalty of perjury as follows:
- 1. I am a physician with offices at: 1003, boulevard St-Joseph est, Montréal, Québec, Canada, H2J 1L2.
- I am a surgeon duly licensed to practice in Quebec, Canada.
   My license number is 185 196.
- 3. I am experienced in gender reassignment surgery.
- 4. On October 25<sup>th</sup> 1999, at Montréal, Québec, Canada, I performed male-to-female gender reassignment strong individual then identified to me as **Carlo Callo Canada**, I new York City, New York and identified as male on this individual's birth record.
- 5. At that time, I successfully completed gender reassignment surgery for Christina Nikolov and the anatomical sex of the person has changed from male to female. Any designation on her birth record and all official documents incorrect.
- 6. I am completing this notarized Affidavit to support Christina Nikolov's request to amend her birth record and all official documents to reflect her new name and female gender.

Sectionles 29, 2006.

Pierre Brassard, M.D.

THE CONTRACTOR OF THE PARTY

Paul Dorval

SWORN BEFORE ME in the City of Montréal, Province of Québec, on the twenty minth day of September two thousand six.

Paul baral, hotan Rublic

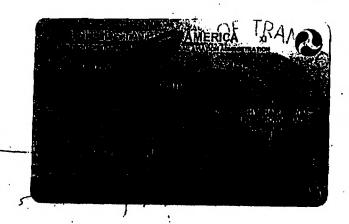
PAUL DORVAL, Commissioner to the Oath Notary Public for the whole Province of Québec, Canada, Commission expires September 11, 2009.

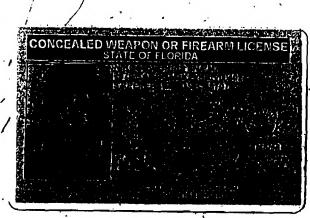
PILARE DEVIAGE, NO PRESC

CLINIQUE DE CHIRURGIE ESTRÉTIQUE SAINT-JOSEPH (OOS, SOUL. SAINT-JOSEPH EST, MONTRÉAL (QUÉSEC) H2J (L2 TÉL. (514) 280-2097 / FAX (514) 280-2547

#### MAJOR NORM BELSON, INC. CERTIFICATE OF TRAINING

This is to certify that I have observed <u>Christina Niko</u> Handle and Discharge a firearm as required by Florida State St CONCEALED WEAPON PERMIT.	Safely stute 790.06 for a
Domean Bolton (Signature)	
NORMAN D. BELSON, PRESIDENT (Printed Name)	
Test roll and 'N NEW INSTRUCTION W 3696248	
11/02/2006 (Date)	
I, Christina Nikolov, certify that I have demonstrated discharging of a firearm as required for a CONCEALED WEAPON PERM Florida State Statute 790.06.  Date: 11/2/06 Firing Facility: Knight Shooting	IT APPLICATION by
Christing Wkolov Firearms Training Course Participant	
State of: Florida County	of: Pinellas
Sworn to and subscribed before me this 2nd day of Novemb	er,2006
Norman D. Belson Commission # D0349351 Expires October 23, 2008 Expires October 23, 2008 FL	My Commission Expires:  Man D Bolton  NOTARY PUBLIC  -1/3-70-708-0  Identification Number  DL  Identification Type
Copyright 2006 @ Norm Belson	Total Line Line
	•





VR 115 (Rev. 10/83) 500M-319044(85)

DOCUMENT NO. B 874441

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF WITAL RECORDS
CERTIFICATION OF BIRTH

of Vital Records, Department of Health, City of New York. This is a certification of name and

156-70-411675

QUEENS

PATE 98-25-70

. 08-01-86

NAME .

CHRISTOPHER PANDO NIKOLOV \*\*\*

ZEX

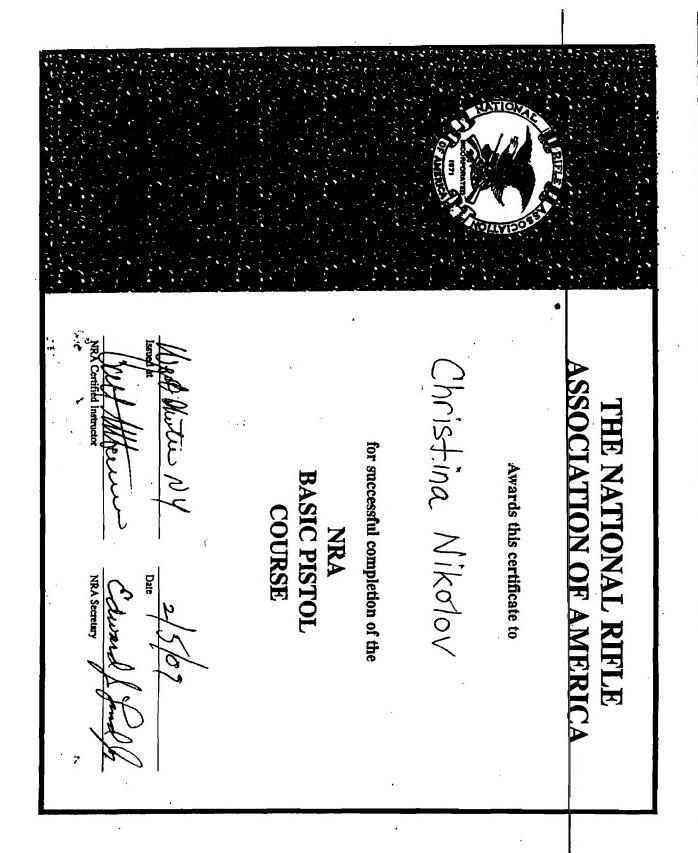
MALE

MOTHER'S MAIDEN NAME

VICTORIA ANN BROWN

FATHER'S NAME

NIKOLAI PANDON NIKOLOV



April 11, 2008

To: Whom it may concern

From: Dan Waters

Subject: Employment Reference

This letter is to verify that Christina Nikolov has been employed at Falcon A viation Academy from February, 2008 until April 11, 2008 as an Instructor Pilot. She performed her assigned tasks within company requirements with no problems noted. I will be happy to provide a reference to anyone as needed in the future.

Dan Waters President

Falcon Aviation Academy

770-486-5561

dan@falconairservices.com

#### MAJOR NORM BELSON, INC. CERTIFICATE OF TRAINING

Handle and Discharge a firearm as required by Florida State St	atute 790.06 for a
CONCEALED WEAPON PERMIT.	
Worneau D Bolson (Signature)	
NORMAN D. BELSON, PRESIDENT (Printed Name)	
NRA INSTRUCTOR # 3696248	
11/02/2006 (Date)	
I, <u>Christina Nikolov</u> , certify that I have demonstrated discharging of a firearm as required for a CONCEALED WEAPON PERM Florida State Statute 790.06.	ed safe handling and IT APPLICATION by
Date: 11/2/06 Firing Facility: Knight Shooting	Sports Complex
Christing Mkolov Firearms Training Course Participant	
State of: Florida County	of: Pinellas ~
Sworn to and subscribed before me this 2nd day of Novemb	er,2006
Norman D. Belson Commission # DD349351	My Commission Expires:  My Commission Expires:  NOTARY PUBLIC  -113-70-708-0
Expires October 23, 2008  Burdet Day Fair - Incompany for 800-305 7019	Identification Number
FL	Identification Type
Copyright 2006 @ Norm Belson	inclumation Type

A transgender woman survived an attack by a male who drove her home from a nightclub. The woman recognized the offender as a nightclub patron when he stopped his car to offer her a ride. The offender invited himself into the woman's home by asking to use the phone. Once inside of the residence, the offender proceeded to hit and choke the woman, leaving her with a broken nose, facial fractures, bruises, and he also ripped her ear during the attack. During the attack, neighbors called police and they arrived as the offender was leaving the residence. The offender was arrested and after several court appearances, paid the survivor's medical bills. (Chicago)

Two friends, a gay man and a transgendered woman, were accosted by a group of 12 teenage males on their way home. One of the male perpetrators threatened to stab the gay man. Then the rest of the group Joined in and began swinging at him with hands and punching him. Victim's friend tried to aid him and was punched in the face. She suffered a split lip and was bleeding. The perpetrators yelled anti-gay slurs during the attack and threatened to kill both of them. The victims ran for help to the precinct located across the street from where the incident took place, but the police were indifferent and refused to intervene. The Anti-Violence Project met with precinct commanders. (New York)

Although the decrease in overall number of hate crime incidents reported in 2006 may falsely suggest that violence in New York is on the retreat, a closer look at the hate violence data proves to the contrary. With 5 hate crime murders, 35 robberies, 218 assaults and attempted assaults, and 837 reported incidents of harassment, 2006 proved to be a violent year for the LGTB community in New York.

These somber statistics only confirm that LGTB people remain a prime target for hate-motivated violence in a persisting sociopolitical climate of inequality, discrimination and social exclusion of LGTB individuals by mainstream society.

Y 20 . " . "

The number of female victims of hate-motivated violence rose 5% (from 148 in 2005 to 155 in 2006), and the number of transgender males reporting bias incidents increased by 20% (from 5 in 2005 to 6 in 2006). On the contrary, the number of transgender female victims dropped 12% (from 100 in 2005 to 88 in 2006) and the number of male victims reporting bias-motivated violence decreased by 17% (from 434 in 2005 to 362 in 2006). Despite the 17% drop in male victims and 12% drop in transgender female victims in 2006, together they represent 70% of the total number of hate violence victims AVP assisted in 2006 (with males representing 56% and transgender females 14%). Reports of LGTB organizations targeted for hate violence

were down 45% (from 29 in 2005 to 16 in 2006). Overall, there was a 13% decrease in total number of bias crime victims in 2006 (down from 735 in 2005 to 641 in 2006).

Victim numbers dropped in all age categories except for the youth and the elderly. Sixty-five of the LGTB hate crime victims in 2006 were youth under 18, a 35% increase over 48 in a previous year, and 16 were adults 65 years and older, a 33% increase over 12 victims last year. In 2006, AVP continued a focused outreach targeting LGTBQ youth which may have contributed to the higher number of victims in this age category. Victims ages 30-44 comprised the largest age group in both 2005 and 2006, however, last year the number of victims in this category dropped 22% from 263 in 2005 to 205 in 2006. Also, there was a 24% drop in 18-22 year-olds (from 62 in 2005 to 47 in 2006) and a 19% fall in victims ages 23-29 (from 127 in 2005 to 103 in 2006).

The number of victims of African-descent rose 2% to 134, the only ethnic/racial category to show an increase over previous year. Asian/Pacific Islanders decreased by 43% as did Multi-racial victims who dropped by 42%, and Whites declined by 19%. Despite an overall 12% decrease in a number of reported anti-LGTB hate crime assaults, incidents involving use of weapons rose a noticeable 10% (from 73 in 2005 to 80 in 2006). The most significant was an increase in use of bats, clubs or other blunt objects as a weapon of choice by perpetrators of anti-LGTB bias crimes, a 64% increase from 11 uses in 2005 to 18 in 2006. Even though the number of victims suffering physical injuries fell 15% in 2006 (from 176 in 2005 to 150 in 2006), the number of victims requiring hospitalization in 2006 remained constant compared to 2005, with 17 victims needing to be hospitalized.

Salar Car

Harassment incidents, including such acts as intimidation, mail and telephone harassment, are the most common form of anti-LGTB hate-motivated violence. Despite a drop of 20% in 2006, harassment occurs with a higher frequency than any other type of anti-LGTB bias crime, with 837 instances of harassment reported to AVP in 2006 (down from 1040 in 2005). Anti-LGTB hate incidents happen all year long; however, the greatest number of bias incidents in a single month in 2006 unsurprisingly occurred in June, a month of pride and increased visibility of LGTB communities. This works to support a trend documented by AVP in prior reports that suggests that an increased visibility of LGTB people equals a rise in anti-LGTB violence.

The number of LGTB hate crime victims choosing to report bias incidents to law enforcement continued to decline in 2006. The reporting dropped by 28% (from 275 in 2005 to 198 in 2006). While victims gave a variety of reasons for not reporting the anti-LGTB hate crimes to the authorities, one most often cited reason was a fear of bias attitude from and revictimization by the police. These statements are paralleled by 25% drop in reported courteous attitude exhibited by the police. Reports of incidents of verbal and physical abuse by police remained relatively even as compared to 2005. There was a considerable increase of 118% (from 11 in 2005 to 24 in 2006) in reported incidents that were refused hate crime classification by police. Getting the law enforcement to properly classify incidents as hate crimes continues to be a challenge and a

source of frustration for many LGTB hate crime victims. To further complicate the matter, the vast majority of those who commit bias crimes against LGTB people are never caught and their acts of hate go unpunished. In 2006, just 23% (45) of 197 anti-LGTB hate crimes reported to the police resulted in arrests, a 25% decline from 60 arrests in 2005. Males remain the primary perpetrators of anti-LGTB hate violence, even thought their numbers registered a slight decline of 19% (from 841 in 2005 to 682 In 2006). The number of female offenders also declined from 160 in 2005 to 127 in 2006, a 21% decrease. There was however a significant decrease of 92% in offenders 65 years and older (down from 12 in 2005 to 1 in 2006), and a 72% drop in Multi-racial perpetrators. Overall, there was a 16% decrease in total number of blas crime offenders in 2006 (down from 1058 in 2005 to 893 in 2006).

. Lateria.

An analysis of data for bias crime location showed that the LGTB hate crime victims are increasingly targeted at a residence or near their home. Thirty-six percent more hate crimes in 2006 occurred at a residence or the home of the victim (132 in 2005 and 179 in 2006). When a crime occurs at one's home or residence the sense of safety

that it is supposed to offer is gone. This can further complicate the trauma suffered by the LGTB hate crime victims who were targeted at home. In contrast, the number of hate-motivated violence in cruising areas declined a significant 79% (from 14 in 2005 to 3 in 2006).

2005-2006 TRENDS SUMMARY TOTAL VICTIMS -9% Female -14%

Intersex +50%

Male -10%

Transgender F-M N/C

Transgender M-F +20%

Self-identified -62%

Organizations -45%

Lesbian or Gay-Identified -14%

Bisexually-Identified +14%

Heterosexually-Identified -6%

Questioning or Unsure +18%

African Descent +7%

Arab & Middle Eastern -27%

Asian & Pacific Islander +10%

Indigenous/First Peoples +133%

Latina/o -1%

Multi-Racial +9%

White -21%

Extent of Injuries:

No injuries -18%

Minor injuries +14%

Serious injuries -10%

Of Victims Injured:

No medical attention req. +153%

Needed, but not received N/C

Outpatient treatment received -4%

Hospitalized +7%

Travesty of justice

May 1997

### articles

| clubs and cafés | events | resources | articles | hot links | fredback |

### Travesty of justice

### When is a murder not a murder? When the victing transsexual.

by Kevin Rothstein

There is no one to answer for the death of Chanelle Pickett, a pre-operative transsexual whose one-night stand ended with a vicious beating in the bedroom of a Watertown apartment in November 1995. The man who took her home that night was found guilty May 3 only of punching Pickett in the face — and not, as police and prosecutors charged, of wrapping his hands around her throat and squeezing the life out of her.



Nearly a month after the verdict was delivered, the local transgendered community and others remain outraged by the acquittal of Wi Palmer, Jr., 35, a computer programmer who took Pickett home after meeting her Playland Café. On May 16, Palmer was sentenced to two years in prison (see "Juspage). In the weeks since a Middlesex County jury aquitted Palmer of Pickett's de observers have charged that Palmer used a top-notch team of lawyers (including a nationally known forensic expert who testified for O.J. Simpson) to manipulate a homosexual panic defense—and get away with murder.

#### Homosexual panic

On November 20, just hours after Palmer had brought Pickett home, police found frequent Playland patron lying face down in a pool of blood. The room was dishev Cocaine and a homemade pipe had been swept into the trash.

An autopsy showed that fluid had accumulated in Pickett's lungs and brain. This er together with hemorrhages found on her neck muscles, led a medical examiner to a that she had been strangled — and possibly suffocated with a piece of cloth — for all eight consecutive minutes. According to Palmer's trial testimony, trouble started we discovered that Pickett had a penis and asked her to leave his apartment. Instead of Pickett allegedly attacked Palmer, screaming "God will never die," and "the devil it Palmer testified that he got her to quiet down by sitting on her buttocks and holding shoulders down. "I used enough force to stabilize him. . . . I intended to get him ou house," Palmer said, adding that Pickett was still breathing when he released her.

Travesty of justice

Page 2 of 5

. Live . w

Throughout the trial, Palmer's defense team emphasized that Palmer had no idea he had picked up a man. His lawyers even tried to introduce as evidence a segment from the talk show *Geraldo* entitled "Dead Ringers, Twisted Tales of Twins." On the show, Pickett appeared with her twin Gabrielle, also a pre-operative transsexual, and said she fooled men "all the time."

Describing Pickett as he first saw her at Playland shortly before midnight on November 19, Palmer carefully testified: "She was very attractive. She had nice curly hair, lipstick, full face, smelled nice, nice mannerisms."

He then told the jury how, upon their return to his Watertown apartment, the two first cooked and smoked crack, and then began to get intimate. "Chanelle Pickett reached over and removed my boxer shorts from my waist area. At that time she bent over and began to give me oral sex," he said. "We were getting romantic and I reached down and discovered Chanelle Pickett was a man. . . . I jumped up and I said 'You're out of here' and turned the light on."

Under questioning from his lead attorney, Walter Price, Palmer then painted a picture of a transsexual furious at being denied sex. "It was frightening. All of a sudden it turned from a soft voice to not just a man but a crazed man who began banging the walls and preaching. Crazy talk that made no sense whatsoever," he said.

At this point in his testimony, Palmer began referring to Pickett as "he" rather than "she." As in, "I approached the bed and he kicked me in the chest, just a violent blow."

Palmer's he/she switch was apparently motivated by the idea that a jury, confronted with a heterosexual man who willingly dabbled in transsexual sex, would believe such a man capable of stuffing a comforter down someone's throat and choking him to death — the scenario suggested by Dr. Stanton Kessler, the state's forensic pathologist. But a regular guy, a onetime construction worker who worked his way up to a good job at UNISYS — a regular guy who felt up a girl and found a penis beneath her silk panties — would garner sympathy.

The strategy evidently worked, which angers local transsexuals. "Is his defense, then, that he was so upset that this person had a penis?" asks Nancy Nangeroni, a Cambridge activist for Transexual Menace, which tracks cases of violence against transgenders. "Is the fact that someone's genitals are not the shape you expect them to be grounds for murder?

"[The jurors] let their homophobia, their transphobia, get the better of them," she adds. "I feel they did not do their job and, frankly, I hope this keeps them awake at night."

Others wondered what the outcome of the case would have been if Palmer had been the one found dead and a poor black transsexual who used drugs had been charged with murder. Another assault-and-battery conviction? "No way," says Watertown Police Captain Edward Deveau, who headed the investigation into Pickett's death.

'The story he told just didn't add up'

To investigators, the notion that Palmer didn't know Pickett was a man dressed as a woman when he brought her home from the Playland Café is ludicrous. Deveau said in an

Travesty of justice Page 3 of 5

interview after the trial that police assumed Palmer was lying after they visited Playland themselves. Their own observations of the bar, coupled with Palmer's admission that he had previously visited Playland and Jacques — the only two transsexual bars in Boston — made Palmer's claim seem implausible. And that doesn't even take into account the fact that six other transsexuals stepped forward to say they'd had previous encounters with Palmer. Of the two that Judge Robert A. Barton allowed to testify, both said they had given Palmer blowjobs.

"It's obvious that an argument or something happened [at Palmer's apartment] that led to her death. But the story he told about being surprised just didn't add up," Deveau says.

On the stand, Palmer changed his story from his original statement to police -- that he had stepped into the bar for a beer -- and said that he went to Combat Zone bars like the Playland every so often, but only to buy cocaine. Deveau didn't buy that either. And neither did Assistant District Attorney Adrienne Lynch, who asked the jury during closing arguments: "Do you honestly think that Playland and Jacques are the only places he could get cocaine in Boston? Or is it the only place in Boston he could get cocaine and a transsexual date?"



Prosecutors, meanwhile, laid out a bedroom scenario quite different from the one Palmer described. Lynch pointed to the lacy top of the purple negligee Pickett wore the night she died as evidence that Pickett's gender would have been obvious from her lack of breasts. And physical evidence suggested, but couldn't prove, that more than just an interrupted blowjob had occurred. Investigators found a stain on Pickett's jeans containing semen and saliva. Tests showed the

semen could not have been Palmer's, but that the saliva could have been his. As Lynch hypothesized during closing arguments, the stain was "consistent with Chanelle Pickett ejaculating in the defendant's mouth and the defendant spitting it out in the crotch of those jeans."

As for why Palmer attacked Pickett in the first place, Lynch told the jury: "Chanelle Pickett was killed because she made too much noise. She made too much noise and William Palmer would be found out. She made too much noise and he wanted her to shut up."

#### 'They didn't do a complete job'

But in a final twist reminiscent of the way O.J. Simpson's defense team devastated the credibility of physical evidence collected by the prosecution, experts brought in by Palmer's lawyers raised doubts about the way Pickett died. The only evidence linking Palmer's hands to Pickett's throat was the autopsy performed by state forensic pathologist Kessler — which found bruises and hemorrhages on Pickett's neck muscles.

Dr. Michael Baden, who has investigated genocide in Bosnia and the assassinations of John F. Kennedy and Martin Luther King -- and who took the stand for the defense during the O.J. Simpson murder trial -- testified that there was not enough evidence to show

LALLING SEE AC OAILANDELLIS IS A LONG TO BE LALL

La, 7 . 10 . . .

Travesty of justice

Page 4 of 5

· Supresident

beyond a reasonable doubt that Pickett had been strangled to death. And Dr. Charles Wetli, an expert on cocaine's effect on the body, testified that the cocaine Pickett had inhaled that night could have caused her death. But he added that not enough tests had been done to show whether that had killed her.

Taken together, Baden and Wetli's testimony led the jury to conclude that Pickett's autopsy was incomplete and inconclusive. Facing the media after the verdict, one juror pointed specifically to the medical evidence as the fatal flaw in the prosecution's case. "They didn't do a complete job," said juror Robert Cunningham, referring to the autopsy.

#### 'It could have happened to anyone'

After the verdict was read, Palmer and his family emerged from the courtroom. He clutched a Bible in one hand and held onto his girlfriend with the other. Facing the television cameras that had waited three days for the verdict, he said, "There's a lot of remorse for the Pickett family." He also reiterated his innocence.

Those who knew Pickett, meanwhile, saw no justice in the verdict. "It's a tragedy," says Joseph Michael Raedy, who has tended bar at Playland for eight years and knew the Pickett twins. Raedy, who testified that he had seen Palmer at Playland on several occasions prior to the night he picked up Pickett, questioned how Palmer could claim that Pickett's death was an accident given that he never dialed 911 for help, either after their fight or the next morning. "He didn't give a shit," Raedy says. "It could have happened to anyone who was ever with him."

# Justice

On May 16, citing what he called the "vicious beating" of Chanelle Pickett, Judge Robert A. Barton sentenced William Palmer to two years in prison for assault and battery. The sentence exceeded the prosecution's request for 18 months of jail time; if Barton had followed the court's sentencing guidelines, Palmer would have received only probation. Palmer will spend two years in the Billerica House of Corrections, with six months suspended for five years.

"This sends a clear message to the inadequacy of the jury's ruling," Transexual Menace spokesperson Nancy Nangeroni said after the sentencing.

Nearly 25 other transgenders and their supporters joined Nangeroni outside the Middlesex Courthouse in Cambridge the morning of Palmer's sentencing to call attention to violence against transgendered people -- violence that often goes unpunished. Activists bore a copy of a letter from US Congressman Barney Frank to Attorney General Janet Reno, urging the Justice Department to begin an inquiry into violence against transgenders. Frank also asked the Justice Department to begin compiling statistics to better track such violence. Many demonstrators pointed to Palmer's murder acquittal as proof that transgenders are not being served by this country's system of justice.

"There's just a feeling that if these people were rich white boys, things would have come

00/000

Travesty of justice

Page 5 of 5

out very differently," said transsexual Stacey Montgomery.

But Judge Barton, perhaps, saw it differently. In sentencing Palmer, he addressed lead defense attorney Walter Prince: "This defendant should kiss the earth you walk on," he said.

Somebody is listening.

Kevin Rothstein is a freelance writer living in Brookline.

Respond to this article.



| What's New | About the Phoenix | Home Page | Search | Feedback | Copyright © 1996 The Phoenix Media/Communications Group. All rights reserved.

APPX, 298

~~~~~~

and a late of the con-

# Brandon (aka Brandon Teena, Tenna Ray Brandon, Teena Brandon)

Location: Humboldt, Nebraska
Cause of Death: Shot to death, then stabbed, by John Lotter and Marvin Thomas Nissen.
Date of Death: December 31, 1993
Source: Omaha World Herald, January 9, 1994, amongst others.

#### Remembering Brandon

On December 31, 1993, John Lotter and Marvin Thomas Nissen murdered Brandon, Lisa Lambert, and Philip De Vine in a farmhouse in rural Richardson County, Nebraska. These multiple murders occurred one week after Lotter and Nissen forcibly removed Brandon's pants and made Lana Tisdel, whom Brandon had been dating since moving to Falls City from Lincoln three weeks earlier, look to prove that her boyfriend was "really a woman." Later in the evening of this assault, Lotter and Nissen kidnapped, raped, and assaulted Brandon. Despite threats of reprisal should these crimes be reported, Brandon filed charges with the Falls City Police Department and the Richardson County Sheriff, however, Lotter and Nissen remained free. Lotter and Nissen have both been convicted; Lotter is currenlty on death row and Nissen, who testified against Lotter, was sentenced to life without parole.

Brandon was a female-bodied twenty-year-old who passed, to some extent, as a man, without hormonal or surgical intervention. Given the name "Teena Renae Brandon" at birth, Brandon used a number of different gender-neutral and mesculine names. Upon first arriving in Richardson County, Tenna Ray Brandon said it would be easier to be called "Brandon". Although "Brandon Teena" has become codified as the name with which to refer to Brandon, there is little evidence for Brandon's own use of this name.

Trans, lesbian and gay, and mainstream media have been interested in this case. It received coverage and analysis in many newspapers, and in publications such as The FTM Newsletter, Transsexual News Telegraph, TransSisters, Transgender Tapestry, The Village Voice, The Advocate, Girlfriends, Playboy, The New Yorker, and GLQ: A Journal of Lesbian and Gay Studies. Aphrodits Jones wrote a true crime book, All S/He Wanted, about Brandon's life and death. Independent filmmakers Susan Muska and Greta Clafsdottir's documentary The Brandon'Teeno Story is currently on a theater run in the United States. The Guggenheim Museum commissioned Shu Lea Chang's web-based art installation project <u>Brandon</u>: A novel by Dinitia Smith, The Illusionist, bears a striking resemblance to the story of Brandon's life and death, although the novel includes the customary caveat that any resemblance to real persons is unintended. Several mainstream filmmakers, including Diane Keaton, have explored possibilities for a feature-length movie based on this story.

. including

Sec. 25. 15. 15

The murder of Brandon was a catalyst for mid-1990s trans activism, especially for the rise of Transexual Menace to national recognition in the United States and for the increased participation of firms in U.S. trans activism.

David King

Location: Atlanta, Georgia
Cause of Death: Shot in the head
Date of Death: October 14, 1991

Source: Dallas Denny of GEA, and the Atlanta Journal-Constitution

APPX, 299

#### **Ontwon Curtis**

Location: Newport News, Virginia
Cause of Death: Shot several times in the chest
Date of Death: September 13, 2002
Source: WVEC Channel 13, September 13, 2002
Notes: Ontwon Curtis, who neighbors claim was a transvestite, was shot several times in the chest while at home. Andrew Coleman has been arrested in this crime, and is awaiting trial.

· Lipina

. 120

. 7 X 3 . A

As ..

#### **Roberta Nizah Morris**

Location: Philadelphia, Pennsylvania

Cause of Death: Beaten with a crowbar

Date of Death: December 24, 2002

Source: Philadelphia Inquirer, December 31, 2002

Notes: Morris was a popular transgender performer. Police initially attempted to assist her on December 22nd, but released her after she refused medical treatment. She was later found by a passing motorist, and died in the hospital on Christmas Eve. While a medical examiner has declared this a homicide, the police want to assume it to have been an accidental bindgeoming. Many in the community have wondered why the police have been so difficult to work with on this case.

## Chandini, aka Nazir

Location: Bangalore, India
Cause of Death: Burned to death
Date of Death: December 1, 2002
Source: Sangama (rights organization)
Notes: Chandini was a 22 year old hijra, or transgendered woman. While police has declared this to be a suicide, strong evidence suggests otherwise.

# **Shelby Tracey Tom**

Location: North Vancouver, British Columbia, Canada
Cause of Death: Murdered, allegedly by Jatin Patel
Date of Death: May 31, 2003
Source: Xival West, Jun 12, 2003br /> Notes: Tom was a 40-year-old Asian transsexual. Her body was
discovered in a shopping cart behind a North Vancouver laundromat. Jatin Patel, a 29-year-old, was charged
with 2nd degree murder.

# Unknown Transgendered woman

Location: Cali, Columbia
Cause of Death: Stabled multiple times
Date of Death: March 6, 2003
Source: Vanesse Foster
Notes: This transgendered person was roughly 25 years of age. She was dumped from a car alongside a highway. Reports indicate that she died of six stab wounds in different parts of her body.

#### Jessica Mercado

Location: New Haven, Connecticut Cause of Death: Stabbed multiple times, then burnt Date of Death: May 9, 2003 Michelle Paz

Location: Valencia, Carabobo, Venezuela

Cause of Death: Shot four times
Date of Death: January 11, 2002

Source: The International Gay and Lesbian Human Rights Commission (IGLHRC)
Notes: As part of continued violence and harassment of transvesti activists in Venezuela,
Michelle Paz was shot four times, reportedly by police officers. Other local transpeople
were fired upon and detained by police in the days that followed Paz's death.

#### **Paola Matos**

Location: Brooklyn, New York
Cause of Death: Strangled, allegedly by Fernando Batista
Date of Death: July 22, 2002
Source: The New York Post, July 23, 2002
Notes: Paola Matos had recently moved to New York after a series of transsexual-related surgeries done abroad. She was discovered in her home by her live-in boyfriend with a white cord wrapped around her throat.

#### **Terrianne Summers**

Location: Jacksonville, Florida

Cause of Death: Shot

Date of Death: December 12, 2001

Sources Florida Times-Union, December 14, 2001

Notes: Terrianne Summers was a transgender activist in the Jacksonville area, who had been very involved in efforts against discrimination at the Winn-Dixie food chain. She was shot to death on her own front yard days after participating in the 2001 Transgender Day of Remembrance in Florida.

# Deasha (Gerald Andrews)

Location: Jacksonville, Florida
Cause of Death: Shot multiple times
Date of Death: August 8, 2002
Source: WLTV 12, Jacksonville, Florida
Notes: Deasha Andrews was discovered in her car, after having been shot several times.

# Pilar (Vladimir) Ibáñez Carrasco

Location: Rinconada, Chile
Cause of Death: Murdered
Date of Death: Murdered
Date of Death: April 5, 2002
Source: La Cuarta, April 22, 2002
Notes: Pilar (Vladimir) Bháñez Carrasco met up with an unknown man on a motorcycle on the night of April 5th. Some time thereafter, her body was found floating in a canal in Chile. The president of Traves Chile, a Chilean transgender activism group, counted Pilar as their 23rd murder their group has been involved with.

Source: New Hoven Register, May 11, 2003

Notes: Jessica Mercado was a 24-year-old transwoman. Mercado's body was found draped across her mattress in the charred remains of her apartment. She has been stabbed multiple times before the apartment was set on fire. Mercado was laid to rest in her native Puerto Rico.

. Livitia

1.80 ...

# Selena Álvarez-Hernández

Location: Council Bluffs, Iowa
Cause of Death: Stabbed several times
Date of Death: July 31, 2003
Source: Daily Nonparsil, August 2, 2003
Notes: Áverez-Hernándes was a resident of Nebraska, and worked at an Omaha meatpacking plant, and was last seen alive leaving an Omaha bar. Álvarez-Hernándes was found stabbed several times and unconscious on the lawn of a house in Council Bluffs, and was pronounced dead a short time later at a nearby Hospital.

# Dayana Valverde

Location: Guatamala City, Guatamala
Cause of Death: Shot
Date of Death: July 1, 2003
Source: La Hora, July 1, 2003 Notes: Valverde was shot multiple times in the streets of Guatamala City.
Paramedics called to the scene did attempt to stabilize her wounds, but she passed away in intensive care at a local hospital.

#### Rider Orcero

Location: Milan, Italy
Cause of Death: Strangled
Date of Death: October 30, 2003
Source: Il Cittadino, November 1, 2003
Orcero was a 35-year-old Peruvian national living in Milan, Italy. She was found in her apartment, hogtied and strangled with nearly three yards of cord from a Playstation. Her nose was also broken with an undetermined blunt object, causing a hemorrhage that left blood stains on the bedroom floor.

# **Darryl Fearon**

Location: New York, New York
Cause of Death: Stabbed
Date of Death: July 16, 2004
Source: Newsday, July 16, 2004
Notes: The 17 year old victim had come to the aid of three transgender individuals who were being harassed by Christian Soto-Ruiz. Soto-Ruiz stabbed this victim to death with a kitchen knife, and slashed one of the transgender individuals.

#### Divas B

Location: Portage la Prairie, Manitoba, Canada
Cause of Death: Besten to death
Date of Death: November 3, 2004
Source: CBC, November 5, 2004
Notes: Divas was a 20-year-old transgender woman. She had been living as a woman for many years. Her body was found by a couple of hunters in some brush near a rest stop eight kilometres east of Portage. She had been beaten to death.

## Robert Binenfeld

Location: Monroe, New York
Cause of Death: Strangled by Jason Bardsley
Date of Death: December 21, 2004
Source: Times Herald-Record, August 6, 2005

## Tyra Hunter

Location: Washington, D.C.
Cause of Death: Received inadequate care from D.C. general hospital, and from the medical team on scene of the accident.
Date of Death: August 8, 1995
Source: Widely reported
Notes: For details on the Wrongful Death / Survivor's action suit brought forth by Tyra's mother

Acres ...

a Latinhan

14. to 14.

Y ....

# Unidentified crossdressed person

Location: Atlanta, Georgia Cause of Death: Shot to death Date of Death: December 20, 1992 Source: Dallas Denny of GEA

#### **David Perez**

Location: San Francisco, California Cause of Death: Murdered Date of Death: 1991 (?) Source: Dellas Denny of GEA Notes: Case is believed to be unsolved.

# Logan Smith

Location: Hoffman Estates, Illinois
Cause of Death: Septic shock due to a punctured bladder.
Date of Death: February 22, 1996
Source: Transgender Tapestry, Issue 479, Summer 1997
Notes: Police officers kicked Logan in his abdomen and sprayed him with pepper gas, after stopping him for failure to signal a right turn and failure to display a license plate." Smith had offered no physical resistance.
He died later that evening.

# Alan Fitzgerald Walker

Location: Fayetteville, Arkansas

Cause of Death: Beaten and strangled to death by Adam David Blackford and Yitzak Abba Marta

Date of Death: November 9, 1996

Source: Southern Voice, July 24, 1997 and the Northwest Arkansas Times, July 11, 1997

Notes: Walker's body was discovered three days after the murder. "KKK" was scrawled in blood on a closet door in Walker's home, and the tires were slashed on Walker's vehicle. Blackford and Marta were both convicted to life in prison.

# Jose Angel Osuna

Location: San Diego, California
Cause of Death: Shot several times in the chest and stomach
Date of Death: July 2, 1990
Source: The San Diego Union-Tribune, December 17, 1990

#### **Richard Goldman**

Location: New York City, New York
Cause of Death: Shot and killed by his father, retired state judge Milton Goldman.
Date of Death: December 29, 1991
Source: St. Paul Pioneer Press, December 30, 1991
Notes: Richard Goldman was shot to death by his father, who then took his wife Phoebe's life, then his own life. A neighbor indicated that the family was upset with Goldman's crossdressing and "wanted him to 'act normal."

. .. ...

الله المناطقة المناطقة الما

· Justinia in

#### **Thomas Hall**

Location: Wahiawa, Hawaii
Cause of Death: Beaten in the head with a brick by U.S. soldier Anthony Tyrone Biscoe.
Date of Death: August 15, 1996
Source: Honolulu Stor-Bullatin, August 16, 1996 and August 28, 1996

# Chrissey (Marvin) Johnson

Location: Baltimore, Maryland
Cause of Death: Multiple stab wounds delivered by Allen Horton
Date of Death: January 2, 1993
Source: Cross-Talk #42, April 1993 and The Baltimore Sun January 4, 1993
Notes: Chrissey was found by police naked, with her feet tied together. She had been stabbed at least 15
times and had been thrown from the second floor of her apartment to the first. Horton has told the police
four different stories about that evening; one version had Johnson raping Horton.

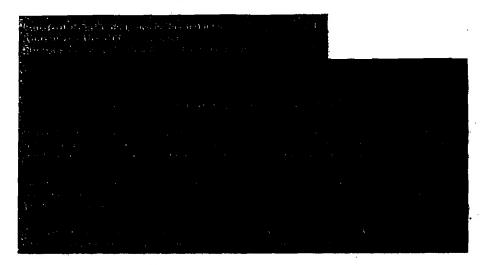
# Venus Xtravaganza

Location: New York City, New York
Cause of Death: Murdered
Date of Death: 1989 ?
Source: Transgender Warriors by Leslie Feinberg
Notes: Venus appeared in the film Paris Is Burning. Died before the film was finished.

#### Lazaro Comesana

Location: Miami, Florida
Cause of Death: Strangled to death by Rory Enrique Conde
Date of Death: September 17, 1994
Source: Lexis-Nexis
Notes: The first of six victims of the "Tamiami Strangler," a serial killer who focused on prostitutes. Lazaro was the only one of his six victims who was transgendered.





. . . . . . . . .

. Last pools

2000

· Sandy or a

1 1 2 2 2 3

#### **Anna Francisco**

Location: Philadelphia, Pennsylvania Cause of Death: Stabbed several times in the chest and stomach. Data of Death: December 22, 1990 Source: Natasha (<u>Tash515@aol.com</u>) and *Cross-Talk #25*, June 1991.

# Stephan "Stephanie" Chapman

Location: New York City, New York Cause of Death: Gunshot wound to the head Date of Death: December, 1992 Source: www.godhatesfredphelps.com

# **Ernest "Ernestine" Murray**

Location: Oakland, California Cause of Death: Shot Date of Death: March 2, 1981 Source: San Francisco Examiner, March 3, 1981

## **Unknown Transvestite Prostitute**

Location: Bronx, New York

Cause of Death: Beaten and stabbed to death by Augustin Rosado

Date of Death: February 8, 1992

Source: Orlando Sentinel, February 9, 1992

Notes: Mr. Rosado, shortly after the murder, jumped to his own death.

# Reynaldo "Reyna" Sandoval

Location: Oxnard, California
Cause of Death: Shot in the chest and head.

Date of Death: February 26, 1995 Source: The Los Angeles Times, December 30, 1995

# Christiaan D'Arcy

Location: Hartford, Connecticut
Cause of Death: Strangled by Thomas Saltonstall. He also tied up D'Arcy and put him in the trunk of
D'Arcy's car, which Saltonstall set on fire.
Date of Death: January 26, 1993
Sources: The Hartford Courant, January 28, 1993 and July 23, 1994
Notes: Saltonstall, a friend of D'Arcy's, pled guilty of the crime and was sentenced to 32 years in prison.

La Merce

......

Same

# Emmon Bodfish (aka Margaret Ingalls Bodfish)

Locations Orinda, California
Cause of Death: Bludgeoned to death with a blunt object
Date of Death: June 24, 1999 (approximate)
Source: San Francisco Chronicia, July 1, 1999, and the Contra Costa Times, July 2, 1999
Notes: Eramon's son, Maxwell Wills, was found dead from self-inflicted wounds in Santa Monica the day after Bodfish was discovered. The police, though, have all-but-ruled out Max in connection with Emmon's death

#### FTM Found Dead in Northern California

Emmon Bodfish, a reclusive female-to-male transperson, was found by police in their Orinda, California home on July 1st. Police are investigating the death as a homicide.

Mr. Bodfish's body was discovered by police, who had been asked by another individual to check the home. They were discovered on the floor in the main part of the house. Police reports point to blunt force trauma as the cause of death, though the murder weapon has been determined. There were no signs of forcible entry, and while the house was in some disarray, the police were unsure if these were signs of struggle and/or ransacking, or just indicators of the upkeep of the house.

While the police have been reluctant to speak about the gender identity of the victim, neighbors have indicated that Bodfish had been living as a male and may have undergone some surgery. Initial reports on this case indicated that the coroner's office was having difficulty determining the gender of the victim, though this may have had more to do with the decomposition of the body — which had been sitting in the home for "about a week" — rather than any other reason.

Bodfish, under their birth name of Margaret Ingalls Bodfish, purchased the home in Orinda, saying that it was for "her son," Emmon. He also owned another residence in Mill Valley.

Anyone with information is urged to contact Sgt. Mark Hale at 925-313-2630, or Sgt. Chris Wenzel at 925-253-4250.

# **Derrick "Miss Tess" Hampton**

Location: Memphis, Tennessee Cause of Death: Stabbed and beaten Date of Death: October 23, 1993 Source: The Memphis Commercial Appeal, January 2, 1994

#### Sherri Ransom

Location: Morrisville, Pennsylvania
Cause of Death: Beaten to death with a hammer by Johnny Pitzpatrick.
Date of Death: June 24, 1990
Source: Philodelphia Daily News, January 17, 1991
Notes: Fitzpatrick confessed to the slaying, saying he went to the Ransom's apartment to steal her fur coat.

Sante in

. Sires . i

## Michelle Byrne

Location: Nashville, Tennessee
Cause of Death: Tortured for several hours, beaten to death, and beheaded by Kenneth Poole and Ralph
David Frantzreb
Date of Death: January, 12, 1987
Source: United Press International, March 30, 1987 and The Tennessean, September 13, 1988
Notes: Byrne's body, minus its head, hands and feet, was found floating in the Cumberland River. Frantzreb
was given a life term.

## Clyde Massie

Location: Pittsburgh, Pennsylvania
Cause of Death: Shot to death by Stepehen Orosz Jr.
Date of Death: August 15, 1985
Source: United Press International, July 18, 1986
Notes: Stepehen Orosz Jr. tried to claim self defense in this case, but the judge rejected Orosz's claim. Orosz was convicted of first-degree murder, which carries a mandatory life sentence.

# Jane Golden (James Boyd)

Location: St. Petersburg, Florida Cause of Death: Murdered by Steven W. White Date of Death: February 6, 1987 Source: St. Petersburg Times, December 13, 1987 Notes: White was convicted of first-degree murder.

## **Perry Young**

Location: New York City, New York
Cause of Death: Shot in the head by Ronald Haynes
Date of Death: December 21, 1977
Source: New York Times, December 23, 1977 and March 13, 1980
Notes: Young was killed at the same time and William Flood, an off-duty police officer. Ronald Haynes, after three mistrials, was sentenced for both murders.

# Person dressed in women's clothing

Location: Santa Ana, California Cause of Death: Shot to death Date of Death: July 10, 1993 Source: The Los Angeles Times, July 12, 1993

# Yancey-Lisa R.

Location: San Francisco, California
Cause of Death: Stabbed once in the abdomen and four times in the back
Date of Death: Easter, 1975
Source: Drag, Volume 5, Number 19, the San Francisco Sentinel, April 10, 1975, and Crusader, May 1975
Notes: Yancey-Lisa was the neighbor of Barbarella (Joe V.), who was killed within weeks of Yancey-Lisa.

#### **Marvin Ball**

Location: Oklahoma City, Oklahoma
Cause of Death: Gunshot wound
Date of Death: 1987 (approximate)
Source: The Oklahoman, August 9, 1988 and September 9, 1988
Notes: Ball was found about six months to a year after their murder, as the body was in an advance state of decay. They were found at Lake Stanley Draper.

ic 12. ...

· Sathing

----

1.21

# Lindsey Alexander (Todd Alexander Asay)

Location: Portland, Oregon Cause of Death: Shot to death, allegedly by Brian David Hill. Date of Death: May, 1989 Source: KOIN Channel 6 and KPTV Channel 12

# Body Unearthed in Portland: Disappearance Now Considered Solved

A body, unearthed in the backyard of a southeast Portland home on December 24th, 1999; has been identified by police as that of Todd Alexander Asay, who worked as a female impersonator at Darcelle's Nightclub, under the name of Lindsey Alexander.

Todd/Lindsey was last seen alive in May of 1989, and, due to circumstances surrounding the death, was listed as a homicide victim by Portland police. A phone tip led officers to the remains, located in the yard of a residence on Southeast Hollman Avenue. The Oregon State Medical Examiner's office determined that the remains were, indeed, of Todd/Lindsey.

Police have also already determined a suspect in the case, that being Brian David Hill. Hill is currently in custody for the murder of his ex-wife. The owner of the yard in which the body was found was not linked to the death, according to police.

Todd/Lindsey was 25 years old at the time of the disappearance. They were shot to death.

#### Jill Seidel

Location: Honolulu, Hawaii

Cause of Death: Undetermined, see notes

Date of Death: February 3, 2000

Source: Carolyn Golujuch

Notes: Though police, who have been lax to pursure this case, claim this to be an substance abuse case, evidence in the autopsy report indicate that foul play may have played a much larger part than the police wish to admit.

#### A Trans Death In Paradise

Jill Seidel, a 32-year-old homeless transactual in Hawaii, died after being discovered, unconscious, in the middle of the night near Aala Park in Honolulu's Chinatown. The cause of death is still undetermined.

Jill, originally from Chicago, faced a large number of obstacles in her life, including an AIDS diagnosis in the 1980s, a drug addiction, and a history of time spent in area psychiatric care for depression.

She was making her life in Hawaii as a prostitute, and was often beaten by pimpe for not sharing her profits.

Carolyn Golujuch, a local activist and president of the Honolulu chapter of PFLAG, feels that her death may have been at the hands of these same pimps, who may have had a hand in this death.

"I'm as sure as I can be that this case is connected to a bias or hate crime," Golujuch said

The local medical examiner's office first listed the case as "natural causes," and, after this was challenged, it was changed to no official cause of death. The Medical Examiner's office listed Seidel's death as a drug overdose, though toxicology reports had not yet been completed.

Some details about the scene of her death, though, add to Golujuch's claim, or at least should open this case up for a second look. A swastika was drawn on her right arm, in lip stick. A curious adornment for a person who had very srong feelings about the Holocaust. Further, her body showed a fresh puncture wound of the right face and a small laceration of the lower potion of the right earlobe with abrasions/contusions. None of these were considered in the 'Cause of Death."

. . . . .

Seidel addiction was not her biggest issue, according to anothere local transsexual, Tammy Wronski, Seidel's biggest problem was finding acceptance, even in his own mind.

It was Wronski, also from Chicago and facing many of the same life issues as Seidel, who suggested the move to Hawaii, feeling that living in " paradise" would help them stay sober. Seidel found herself unable to change.

"I can't tell you the number of times she would say, I'm a freak! I'm a freak!" " said Jerry Ford, assistant director of Gregory House Programs, a Honolulu agency that provides housing for people suffering from HIV and AIDS.

"This is what people would tell her, and I think, deep down, she had trouble accepting herself.

## Michelle Lynne O'Hara

Location: New York City, New York
Cause of Death: Suicide after being brutally beaten and raped
Date of Death: March 14, 2000
Source: Lynne Smith

Notes: Though transgender suicides generally fall outside the scope of this project, I have chosen to include this case due to the circumstances surrounding her death. One can easily assume that Michelle would not have taken her life if not for the rape and beating she suffered

#### Remembering Michelle

Michelle was love. She loved her friends, family, the theater, living in New York City, and life. Michelle's smile and warmth were her aignature. She was always happy and full of energy. Running and keeping fit was a passion for Michelle. She was so giving and generous as well. Her sense of humor was inspiring. Recently, she had redone her bedroom in a Martha Stewart inspired motif. She took the brunt of many of her friends "ribbing" and would point her finger and say, "Go ahead and make fun. I'm telling Martha! Then we'll see who has the last laugh!"

Michelle could recite the lines and songs of many Broadway shows. She practically lived in the theater! She saw Cabaret 7 times, the Lion King 5 times and many others multiple times. The theater was magical for Michelle.

. 4.14 . .

S 42. 11. 15

T. 44 ....

She always said it energized her after seeing a show.

Recently, Michelle met a wonderful man — Greg. They were well on their way to dating. Michelle would talk to me for hours about him. How nice and gentle his voice was. How their senses of humor were congruent. She talked on the phone for hours with him and afterwards, would recant the conversations with me. Her face would light up and that beautiful smile abounded. Her friend, Barbara, was a confidant and supporter. Harbara encouraged Michelle to take a risk with Greg. She was always there for Michelle with kind words and hugs. After Michelle was assaulted, Barbara and Greg were an endless source of encouragement and support. I will never be able to thank them enough for being in her life.

The beating and rape were the direct cause of her suicide. Prior to that, Michelle was the happiest and most positive person I knew. Afterword, she completely withdrew. She did reach out to friends and her therapist, however, the emotional scars were much deeper than anyone knew. I found her in her apartment after her suicide. I called 911, started CPR without successful resuscitation. She also left two notes. One to me and one to her friend Greg. The note explained her hopelessness. I still cannot bring myself to read it again. This is still all very fresh and upsetting.

The beating and rape occurred randomly as Michelle was walking home from an evening out with a friend. She was followed and pulled into an alleyway. According to Michelle's recant of this horrific tragedy, she said that as soon as the rapist saw she was biologically a male, he began beating and kicking her. He fractured 2 of her ribs, her genitalis were badly bruised and swollen secondary to his kicks. Her rectum was ripped secondary to the rape and required several stitches. Her right eye was badly bruised. He left her badly beaten and terrified. She laid in the alleyway for several hours until a passerby heard her and assisted her until the ambulance arrived. She was taken to the hospital and was treated with indifference by the hospital staff because of her transgendered status. The police were also less than empathic. To this day, no follow-up has occurred by the police — to my knowledge. So yes, Michelle was raped, beaten, treated horribly by hospital personnel and the police because of her transgendered status. I am outraged by it all!

Dear Michelle, we will never forget you. You have left a void in our lives. Our hearts are broken.

In the words of Mother Teresa: "Yesterday is gone. Tomorrow is yet to come. We have only today. Let us begin to heal."

# Tyra Henderson

Location: Washington, D.C. Cause of Death: Bludgeoned to death Date of Death: April 23, 2000 Source: Transgender Nation Washington

#### **Another Tyra**

In the early morning hours of Easter Sunday, Tyra Henderson, a 22-year old African-American transgendered person, was found murdered in the 3600 block of 13th Street in Northwest Washington. She had been bludgeoned to death. There were reports that her body was mutilated (her breasts were slashed and her penis cut off) but the Metropolitan Police Department (MPD) has denied them. Earlier that night she had been working the 5th Street NW corridor. A friend reported her missing after she did not return from a date.

A 911 call was made at 4 a.m. Sunday morning, reporting a woman yelling, "help, help, call the police" from the 3600 block of 13th Street NW. According to MPD, officers from the Metropolitan Police Department's 4th District responded, saw nothing and left. Two hours later, the 911 caller, having not seen the any police, called 911 a second time to report a body outside of her house. An ambulance finally responded, but Tyra Henderson was already dead.

The Metro Section of the Washington Post, following its usual pattern of excreable coverage of transgendered people, erased the victim's transgender identity in a story on Monday, April 24. Despite evidence of overkill, the MPD has labeled this a pick-up murder and not a hate crime, and have stated they have no suspects in the case at this time.

The Gay and Lesbian Activists Alliance (GLAA) has asked the police to investigate why the police failed to respond appropriately to the first 911 call. The ACLU National Capital Area has been contacted by the family and is looking into the case. Despite reports of MPD harassment, GLAA will continue to monitor the case and work with the police.

A candlelight vigil for Tyra Henderson, held Priday night, April 28 at 6th & K Streets NW drew over a hundred people, including family members, friends, and many transgendered people, and was sponsored by GLAA, HIPS (Helping the Individual Prostitute Survive) GLAAD and Transgender Health Empowerment (THE — formerly known as TADD).

#### Dinh Van Vo

Location: Honolulu, Hawaii
Cause of Death: Strangled by Demian McGuire
Date of Death: September 6, 1993
Source: Honolulu Stur-Bulletin, December 5, 2000
Notes: McGuire was sentenced to 10 years in prison, for manslaughter.

#### Antonio Johnson

Location: Dallas, Texas Cause of Death: Shot Date of Death: April 10, 2001 Source: Monica Helms Notes: Johnson was the third Texas death in 2001.

# Jamie (James) Jackson

Location: Washington, D.C.
Cause of Death: Beaten to death in her own doorway
Date of Death: November 21, 2001
Source: Jessica Xavier
Notes: Jackson was a member of Transgender Health Empowerment, a D.C.-area African-American support group. Jackson's death has yet to be officially reported as a homicide by the DC Metropolitan Police.

. 24.4.

# Alejandro Ray Lucero

Location: Phoenix, Arizona
Cause of Death: Murdered
Date of Death: March 3, 2002
Source: Phoenix, Arizona police report
Notes: Little is known about the death of Alejandro Ray Lucero, aside from the fact that she was murdered in Phoenix, and her body was dumped in the alley.

#### **Ukea Davis**

Location: Washington, DC Cause of Death: Shot multiple times Date of Death: August 12, 2002 Source: WJLA ABC 7, Washington, DC

Notes: Ukea was killed at the same time as <u>Stephanie Thomas</u>. Ukea and Stephanie were friends living in Washington, D.C., and had begun living in their preferred gender roles. Both were shot multiple times in a car they often shared. They were half a block away from home. Anyone with information about this crime is asked to call (202) 727-9099. There is a \$10,000 reward available.

## Kim Mimi Young

Location: Washington, D.C.
Cause of Death: Stabbed to death, allegedly by Corena Niko Watkins.
Date of Death: April 9, 2003
Source: Jestica Xavier
Notes: Mimi was a transgendered sex-worker in Washington, D.C., and had also been a key prosecution witness in a murder trial in 2000. She was initially found on the 9th, gasping for air, by a D.C. resident. She had been stabbed, and succumbed to those injuries later that morning. 34-year-old Watkins has been charged with this murder.

# Cinnamon (Kendrick) Perry

Location: Houston, Texas

Cause of Death: Shot to death

Date of Death: July 20, 2003

Source: The Houston Chronicle, July 20, 2003

Notes: Perry, a: 32 year old African-American, was shot by a passing car while walking down a street in the Montrose area in Houston shortly after dawn. She was taken to a local hospital, but died that afternoon

Action.

1...........

## Bella Evangelista

Location: Washington, D.C.
Cause of Death: Shot, allegedly by Antoine Jacobs
Date of Death: August 16, 2003
Source: Washington Post, August 18, 2003
Notes: Bella Evangelista was a popular entertainer in D.C., and periodically performed at Club Chaos. She was abot multiple times at close range. Antoine D. Jacobs has admitted to the murder, but claims it was in self-defense. Police do not believe his story, and are treating this murder as a hate crime.

#### Erika Johana

Location: Rome, Italy
Cause of Death: Bludgeoned
Date of Death: October 10, 2003 (approximate)
Source: Corriere della Sera, October 15, 200
Notes: Johana was a young October 15, 200
Notes: Johana was a young Columbian transgendered woman living in Italy. Her body was found by a friend in the bathroom, in only a bra and alip, leaning over the tub. Her skull was shattered by a blunt object. She had been dead for several days before she was discovered.

# Reshae McCauley

Location: Largo, Florida
Cause of Death: Severe upper body trauma
Date of Death: December 7, 2003
Source: St. Petersburg Times, December 9, 2003

#### Joel Robles

Location: Fresno, California
Cause of Death: Stabbed
Date of Death: Angust 15, 2004
Source: KFSN, August 16, 2004
Notes: Estanisalao Martinez is being held by police for this murder.

# Ryan Shey Hoskie

Location: Albuquerque, New Mexico

Cause of Death: Undetermined; body did show signs of upper body trauma.

Date of Death: December 27, 2004

Source: Albuquerque Tribune, January 8, 2005

# Eddie "Michelle" Chung Chou Lee

Location: Daly City, California
Cause of Death: Multiple stab wounds
Date of Death: March 1, 2005
Source: San Mateo County Times, March 1, 2005

# Kasha Blue, aka Antonio Wright, aka Sydney

....

.. ut.:: ...

Location: Chicago, Illinois Cause of Death: Stabbed Date of Death: June 18, 2005 Source: Chicago Sun-Times, June 22, 2005

# Kaaseem Adalla Juanda

Location: Glenwood, Iowa
Cause of Death: Shot to death
Date of Death: October 17, 2005
Source: Council Bluffs Daily Nonporeil, October 22, 2005
Notes: Juanda was a 60 year old, post-operative transsexual woman who had been living in Kansas City,
Kansas. On October 17, 2005, her body was found near a rest stop on Interstate 29 outside of Glenwood,
Iowa. There was initially some suspicion that her death was a suicide, but additional details have caused
police to suspect a homicide. If you have any information on this murder, please contact the Iowa Division of
Criminal Investigation at (712) 322-1585 or the Mills County Sheriff's Office at (712) 527-4871.

## **Harvey Aberles**

Location: New York City, New York
Cause of Death: Shot by NYPD
Date of Death: 1975
Source: Drag Magazine, Volume 6, Number 24
Notes: Aberles was a decorated hero of the Vietnam War.

## **Anthony Swain**

Location: Atlanta, Georgia Cause of Death: Shot to death Date of Death: November 8, 1992 Source: Dallas Denny, GEA

# Michelle Maree (aka Michelle Hays, Joe Michael Hays)

Location: Memphis, Tennessee Cause of Death: Shot in the chest Date of Death: November 5, 1990 Source: Dallas Denny of GEA and Cross-Talk #25, June 1991 Notes: Michelle won Miss Gey Memphis in 1974

#### Jae Stevens

Location: San Francisco, California Cause of Death: Five stab wounds, three directly to the heart. Date of Death: June 24, 1974 Source: Drag Magazine, Volume 4, Number 16

#### Jae Stevens: 1974, Contemporary

Sometimes when you look into the past, you find tales that echo events of today, such as the case of the murder of Jae Stevens.

Stevens, born in 1947, was an accomplished drag performer in San Francisco, having started her performing career in 1967, at "The Fantasy," a club that was then on Mason Street. She then went on to the famed Finocchio's club and played the cabaret circuit in San Francisco and Los Angeles.

She seemed well-loved by her SF peers, who spoke of her, in memory, as a good friend, with a "great ability to find humor in any situation." A good example would be when, in 1970, she attended a gala charity benefit in drag, and won the grand prize in a contest at the event, only them revealing herself to be a female impersonator. This, as was reported, upset "the socially prominent judges no small degree."

On the night of June 24th, 1974, a resident from near Golden Gate Park heard cries for help, and the morning of the 25th, Jae's body was discovered near Spreckels Lake. She had been stabbed five times, three of which went directly into her heart.

Two hours before the body was found, a suspect had been seen driving Ms. Stevens' car in Hayward, in an area then known for a high incidence of rape attacks. The suspect escaped, after crashing the car into a house. I was unable to find any information that would lead me to believe that any suspect was ever caught and tried.

How is this story comtemporary? As of this writing, another transperson has recently passed on in Austin, Texas, of multiple stab wounds. Others have died in Boston, and California, in the same pattern. And police are still not finding our murderers. It seems to be an established pattern, spanning from at least 1974 to the present.

This pattern needs to break. Not just for the Brandon Teenas and Rita Hesters with whom we are familiar with today, but for the Jae Stevens and others in our past.

#### Mara Duvouw

Location: New York City, New York
Cause of Death: Murdered
Date of Death: 1995
Source: Rosslyne Blumenstein, GIP
Notes: This case was oficially labeled a "suicide," though most in the community have suspected it to be a murder.

#### Chanel Chandler

Location: Clovis, California
Cause of Death: Stabbed to death, allegedly by Christopher Joseph Lopez and a 16-year-old friend.
Date of Death: September 20, 1998
Source: IYF, 11/98 and The Fresno Bee, December 15, 1998

#### In Memory Of One Of Us

Carry .

Chanel Chandler was one of the transgendered people you don't hear about.

She was raised in a conservative Montana family. She was living a successful life, and had started a perfume business, and was respected and admired by people around her. Charlie Gilbert, a close friend of hers, said of her "I wouldn't be surprised if she was wealthy in 10 years. She had that energy and drive."

From the few accounts we have, she lived "stealth" — her roommate and close friends of hers didn't know she was transsexual. When all is said and done, her attempts to live a normal life were ended far too quickly.

In the end, she was not given an ounce of respect by her murderers — the last people to see her on this earth. Her murderers set fire to the apartment she was killed in, probably to make the murder appear like another type of crime, according to police.

Many of us live our lives quietly — just like most people. We go to work, we have our dreams, our friends, and our lives. And no matter how much we try to live those lives, and frequently even hide our transness out of an all-too-justifiable fear of repercussions, we are murdered at an astonishing rate. We need to remember the quiet faces — the ones who barely make it into the news, and frequently only after some barbaric atrocity like this occurs. Raising our voices in anger and indignation for the dead — our dead, for Chanel could easily be one of us — gives breath to the vision that this should never. happen, again.

In memory of Chanel Chandler, another trans person taken from us.

## **Monique Rogers**

Location: Boston, Massachusetts
Cause of Death: Drowned
Date of Death: August 3, 1986
Source: Gay Community News, August 24, 1986
Notes: Monique was pulled out of Boston Harbor during a series of gay- and trans-bashing incidents in the city. It is likely that this is the case referred on some other websites as "Mary S."

## Robert H. Jones

Location: New Castle, Delaware

Cause of Death: Stabbed to death by Ronald Taltoan

Data of Death: October 15, 1997

Source: Renaissance Delaware Chapter

Notes: Ronald Taltoan pled guilty, and was given a 10-year manslaughter sentence.

## Lisa Janna Black

Location: Toronto, Ontario, Canada

Cause of Death: Struck 20 times with a hammer by Synthia Kavanagh, her roommate and another transsexual. Kavanaugh also stuck a knife into one of Black's eyes. Brian Inch was reported as beating and stabbing Black.

Date of Death: March 2, 1987

Source: Metamorphosis, Volume 6, Number 1-2, January - April 1987 and the Toronto Sun, March 3, 1987.

Notes: Brian Inch was sentenced to seven years in prison after pleading guilty to manslaughter. Synthia Kavanagh was given a life sentence in this crime, and was sentenced to Kent Institution, a maximumsecurity, men's prison in British Columbia.

Les in ..

. .....

1. 12 Sept. 12. 13.

## **Donald Pierce**

Location: San Diego, California

Cause of Death: Struck by a car driven by Fred Ray Belioff and dragged about 50 feet.

Date of Death: September 4, 1990

Source: The Los Angeles Times, September 17, 1990 and The San Diego Union-Tribune, December 17, 1990 Notes: Belloff, a minister for the homeless, was arrested, but the district attorney's office decided not to file a murder charge.

# **Peggy Santiago**

Location: South Bronx, New York Cause of Death: Murdered Date of Death: 1989 Source: The Page of Rage

Notes: This is Jessy Santiago's sibling. Jessy was killed three years later, in the same area.

# Grayce "Candace" Baxter

Location: Toronto, Ontario, Canada

Cause of Death: Choked to death by Patrick Daniel Johnson, who then dismembered the body into several parts with a backsaw.

Date of Death: December 8, 1992

Source: Toronto Star, April 20, 1994

Notes: Patrick Daniel Johnson pled guilty and was sentenced to life in prison with no chance of parole for at least 10 years. Additional information may be found on this "In Memoriam" Page to Grayce.

# Lynn Montana

Location: Washington, D.C. Cause of Death: Burn wounds

Date of Death: 1997

Source: Natasha (Tash515@aol.com) and The Washington Post, January 29, 1997

Notes: Lynn died in police custody of severe burns inflicted on her by her boyfriend. He died in the fire and, because she lived, she was accused by the police of setting him on fire.

# Unknown person wearing women's clothing

Location: Houston, Texas

Cause of Death: Shot in the abdomen

Date of Death: February 25, 1999 Source: Katrina C. Rose and KPRC Channel 2

# Unknown person dressed in women's clothing

Location: Oakland, California Cause of Death: Blows to the head and face Date of Death: July 10, 1995 Source: The San Francisco Chronicle July 11, 1995

## Donnie O. Osby

Location: Orlando, Florida

Cause of Death: Shot in the chest with a .45-caliber handgun by Keith Neil Washington

Date of Death: August 17, 1993

Source: Orlando Sentinel, August 19, 1993



......

# **Ruby Bota**

Location: Gibsonton, Florida Cause of Death: Unknown Date of Death: 1988 Source: GenderPAC

#### Ruby Bota Murder Case Closed

As reported in the Tampa Tribune, the Hillsborough County Sherrif's Department has closed the case on Ruby Bota, a transwoman killed in 1988. Ruby's body was discovered in May of this year in Gibsonton, Florida.

The case was closed because officials claim to not be able to prove that Bob Bota, Ruby's husband who has all-but-admitted to the killing, actually killed her. The statute of limitations for other felonies and misdemeanors involved in this case has run out.

Although Bob Bota admitted that he had struck Ruby with his elbow, he claims that he later found her dead, and then buried her body. He contends that a "mysterious black limo" spotted at a local convenience store prior to her death had some involvement. Bota had at first denied hitting Ms. Bota.

After her passing he not only buried Ruby, but also had many of her belongings and her Airstream Travel trailer buried on the same plot. No missing persons report had ever been filed on Ruby, and Bob Bota had initially told Ruby's friends that she had "left with some socialities in a limo and was planning to live in Italy."

Bota's Body was discovered wrapped in plastic bags and tied with electrical cords. No murder weapon was found, though there were small pieces of glass found in the front part of Ruby's brain. The medical examiner ruled Ruby's death "homicidal violence of an undetermined type."

# Jacqueline Julita Anderson

Location: Portland, Oregon
Cause of Death: Shot in the head with a shotgun by Eric Walter Running
Date of Death: February 24, 1998
Source: Los Angeles Times, February 28, 1998
Notes: Stories of this case call Anderson a "bearded woman," which is not uncommon in articles of FTM murders. Anderson was killed at the same time as their lover of 10+ years, Barbara J. Gilpin.

# Unknown person wearing women's clothes

11 6 25 16 16

· Patrice

Location: Miami, Florida Cause of Death: Shot to death Date of Death: 1984 Source: The Miami Herald, January 10, 1985

# Chiron Collins (Allen Kenneth Byrd)

Location: Philadelphia, Pennsylvania
Cause of Death: 42 stab wounds to the head, neck, face, and arm by Theodore Roebuck.
Date of Death: May, 1984
Source: Philadelphia Daily News, May 4, 1985
Notes: Theodore Roebuck was convicted of murder, and sentenced to a 40-year state prison term.

# Tianna (Timothy) Langley

Location: Philadelphia, Pennsylvania Cause of Death: Shot once in the back of the head Date of Death: March 1, 1985 Source: Philadelphia Daily News, April 3, 1995

## Juaquin Jiminez

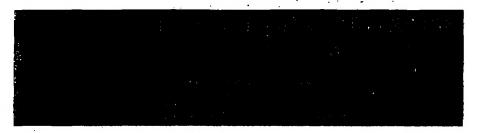
Location: New York City, New York
Cause of Death: Beaten to death, allegedly by Richard Davella
Date of Death: October 1, 1989
Source: United Press International, October 1, 1989
Notes: Davella told police that Jiminez died of a drug overdose, in spite of evidence to the contrary. Davella was charged with second-degree murder in the case.

# Jessica (Gerardo) Castillo

Location: New Brunswick, New Jersey
Cause of Death: Shot in the head by Felix Rodrigues Diaz and Pedro Juan Concepcion
Date of Death: October 7, 1985
Source: United Press International, October 10, 1985 and April 8, 1988
Notes: Not only was Jessica murdered by Diaz and Concepcion, but Maria Luisa Castillo Peres, age 7, and
James Chapelle, who lived at the same home as Jessica, were killed.

## Terry Wilson

Location: New York City, New York
Cause of Death: Stabbed to death, allegedly by Warren Yaeger
Date of Death: December 25, 1981
Source: United Press International December 30, 1981
Notes: Yaeger had previously been convicted of killing a non-transgendered woman in December 24, 1957.
A reporter noticed similarities between the cases, and tipped off the police.



A 1. 844. . . . .

Same.

#### **Dion Webster**

Location: New York City, New York Cause of Death: Knife wound to the head Date of Death: November 4, 1996 Source: Associated Press, August 28, 1999

# Yamile (Jorge) Lee

Location: San Diego, California
Cause of Death: Stabbed in the back with a large butcher knife, allegedly by Luis Garces
Date of Death: December 4, 1997
Source: Just Evelyn and The San Diego Union-Tribune, December 5, 1997

## Chareka Keys

Location: Cleveland, Ohio
Cause of Death: Blunt trauma to the head
Date of Death: September 27, 1999
Source: Gay People's Chronicle, October 8, 1999

#### Transwoman Killed in Cleveland

According to a source with the "Gay People's Chronicle," the body of Chareka Keys, a transgendered woman, was found on a loading dock at the corner of Central and 69th streets in Cleveland Ohio on the morning of September 27th.

Although details are sketchy at this time, police have listed this as a murder, and give the cause of death to be blunt force trauma to her head. There are, as of yet, no suspects in this murder. The Cleveland police are looking for any information about this case that they can get, and the homicide department can be contacted at 623-5464,

# **Unnamed Infant with Ambiguous Genitalia**

Location: Dallas, Texas

Cause of Death: Blunt force trauma to the head, as well as strangulation, allegedly by the child's mother,
Aruna Kavili.

Data of Death: December 8, 1999

Source: The Dallas Morning News, February 12, 2000

#### Ambiguous Genitalia Leads To Infant's Death

In an evolving case in Dallas, Texas, a mother has been charged with killing her own child on December 8, 1999, simply because the child was born with ambiguous genitalia.

The baby was three days old, and died of blunt force trauma to the head, as well as strangulation.

Investigators were initally told that, while Gangaudaya Kavali, the father, was at the store, and his wife, Aruna Kavili, was in the bathroom, a stranger entered the apartment, grabbed the newborn from a couch and threw him outside.

Buch

Dallas police have concluded that this was not the case, noting that their investigation has shown that the newborn was dead only three hours after his parents brought him home from the hospital. Further, physical evidence did not support the couple's account.

A Collin County Medical Examiner also found shards of glass in the baby's esophagus and small intestine, possibily indicating that someone initally tried to kill the child by forcing them to eat glass, in an effort to cause internal bleeding.

Investigators from Child Protective Sarvices, who have custody of the parents 2-year-old daughter, have indicated that she appears to have knowledge of her siblings death.

Detectives won't speculate whether Aruna Kavili allegedly killed her child because she was ashamed, or because she was pressured into doing so by her husband.

Mr. Kavali has not been charged.

## **Delores Mack**

Location: Hahnville, Louisiana
Cause of Death: Strangled
Date of Death: February 22, 1993
Source: The Associated Press, August 17, 1999 and The Times-Picayune, August 27, 1995
Notes: Mack was part of a series of murders, by an individual who reportedly would inject his victims with drugs, have sex with them when they were unconscious, and then kill them before dumping their body.

## Carla Natasha Hunt

Location: Suitland, Maryland
Cause of Death: Single gunshot wound to the head

Date of Death: May 15, 2000 Source: The Washington Blade, May 26, 2000

#### Amanda Milan

Locations New York City, New York
Cause of Death: Throat slashed by Dwayne McCuller
Date of Death: June 18, 2000
Sources Anonymous
Notes: According to one report, several of the yellow cab drivers parked along the street cheered and applauded as Amanda bled to death. In exchange for pleading guilty, McCuller was promised a sentence of seventeen and a half years in prison, plus five years supervised release.

Comment.

......

.....

# **Chris Muzett (Eddie Matthews)**

Locations Detroit, Michigan
Cause of Deaths Strangled with a phone cord
Date of Deaths February 20, 1999
Sources Anonymous and the Detroit Free Press, January 21, 2000

#### **Brandi Houston**

Location: Houston, Texas

Cause of Death: Murdered, allegedly by Richard Masterson

Date of Death: January 26, 2001

Source: Houston Imperial Court

# Daniel Phillip "Danielle" Redding

Location: Daytona Beach, Florida
Cause of Death: Single gunshot wound to the head, allegedly by Jason Lee Starkey
Date of Death: September 7, 2002
Source: Daytona Beach News-Journal, September 23, 2002 Notes: Redding worked at a hair salon by
day, and as a sex worker in the evening. He was found face down with a bullet hole in his head in a vacant lot
near a church. The alleged killer, Jason Lee Starkey, was shot and killed two weeks later.

## Joseph Moran

Location: Redwood Citry, California Cause of Death: Stabbed by Richard Mroczko Date of Death: 1974 Source: *The Advocate*, November 6, 1974

# Timothy "Cinnamon" Broadus

Location: Fort Lauderdale, Florida
Cause of Death: Shot multiple times
Date of Death: January 8, 2003
Source: South Florida Stm-Sentinel, January 8, 2003
Notes: Broadus, a 21 year old transgendered sex worker, was shot several times by the driver of a Honda
Civic or Accord. She ran a few steps from the car, collapsed, and died on the street. Very little else has been reported in this case.

#### Hendricks Thomas aka Tanesha Starr

Locations Birmingham, Alabama
Cause of Death: Stabbed multiple times
Date of Death: May 22, 2003
Source: Birmingham News, May 25, 2003
Notes: Hendricks Thomas was a drag performer who also went by Tanesha Starz. Thomas was found stabbed and died in route to the hospital. A \$2000 reward has been offered for information on this case. Any information concerning this homicide should be reported to the Northside Precinct of the Birmingham Police Department, Detective Division, at (205) 254-2860

#### Nireah Johnson

Location: Washington, D.C.

Location: Indianapolis, Indiana
Cause of Death: Shot to death by Paul Anthony Moore
Date of Death: July 22, 2003
Source: Indianapolis Star, July 26, 2003
Notes: Nireah Johnson, a 17-year-old African-American transwoman, was known for being sweet and funny. Her and a friend, 18-year-old Brandle Coleman, were shot in the head while sitting in a SUV. The murderer, Paul Anthony Moore, then set the truck on fire. Their bodies were burnt beyond recognition. Paul Anthony Moore was found guilty of murder and sentenced to 120 years in prison.

. " .....

1. 190

# **Emonie Kiera Spaulding**

Cause of Death: Shot, allegedly by Antwan D. Lewis. Emonie also had severe head wounds. Date of Death: August 20, 2003
Source: WMAR, August 21, 2003
Notes: 25-year-old Emonie Kiera Spaulding was from Massachusetts and North Carolina, and had been living in D.C. for about two years. According to her Uncle, Spaulding loved music as a child and sang in a church choir. Her partially nude body was discovered by police in a field. She had been shot but also had severe head wounds. Another transgendered woman was brutally attacked the same evening as Spaulding, and a memorial to the recently-inurdered <u>Bells Evangelists</u> was also destroyed that night. It is unknown if these are connected with Spaulding's death

## Cassandra "Tula" Do

Location: Toronto, Ontario, Canada
Cause of Death: Strangled
Date of Death: August 26, 2003
Source: Toronto Police Department, August 26, 2003
Notes: Cassandra Do, or "Sandra" as her friends knew her, was working as a sex-worker under the pseudonym "Tula" in Toronto, saving up for genital surgery and nursing school. She had many friends. She was found in her 11th-floor apartment. An autopsy concluded that she was strangled to death. Cassandra is no relation to Carolyn Cossey, also known as "Tula," and famous for her modeling work as well as an appearance as a "Bond Girl."

## Mickey Ward-El Smith

Location: Washington, D.C. Cause of Death: Shot ten times Date of Death: March 3, 2004 Source: Jessica Xavier Notes: Smith was 19-years-old

## Cedric Thomas

Location: Baton Rogue, Louisiana
Cause of Death: Shot multiple times
Date of Death: June 5, 2004
Source: The Advocate (Newspaper), June 8, 2004
Notes: Thomas was shot several times on May 18th, and finally succumbed to those wounds on the 5th

1213 .

· · · · : 50 (5. . .

يه رفون المنظمة أوا

. . . . .

#### **Bella Martinez**

Location: Los Angeles, California Cause of Death: Shot Date of Death: August 28, 2004 Source: GLAAD Notes: Martinez was 24 years old

# Donathyn J. Rodgers

Location: Cleveland, Ohio
Cause of Death: Shot multiple times
Date of Death: November 15, 2005
Source: Lesbian-Gay Community Service Center of Greater Cleveland
Notes: Rodgers identified as a male to female transsexual, and had participated in events at the Lesbian-Gay Community Service Center of Greater Cleveland. Rodgers was also a sex worker, and was working near Max Hayes High in the early morning hours of November 15th. She was shot in the head by one of two assisliants, and when she ran, she was shot several additional times. Anyone with information is asked to call homicide detectives at (216) 623-5464.

# Julio Argueta

Location: Miami, Florida
Cause of Death: Stabled twelve times, allegedly by John Valdespino
Date of Death: May 16, 2005
Source: WPLG, May 31, 2005
Notes: If you have any information on this murder, please contact the Miami Police Department at (305) 579-6530.

#### Lisa D.

Location: Dorchester. Massachusetts
Cause of Death: Shot to death
Date of Death: September 17, 2005
Source: Boston Herald September 20, 2005
Notes: Lisa was 42 years old, and was found dead near a local Stop n Shop.

# Amancio "Delilah" Corrales

Location: Yuma, Arizona
Cause of Death: Violent trauma
Date of Death: May 6, 2005
Source: Yuma Sun, May 7, 2005
Notes: If you have any information on this murder, please contact lead Detective Raul Garcia at (928) 783-4427.

#### **Phool Chand Yaday**

Location: Lucknow, India
Cause of Death: Murdered
Date of Death: March 17, 2005
Source: Hindustan Times, March 18, 2005
Notes: Once Yadav's murderers discovered that he was biologically female, he was raped and murdered.

2 at 15 . 1

1475. 14

Addition .

#### Karlien Carstens

Location: Okahandja, Namibia
Cause of Death: Strangled
Data of Death: February 16, 2005
Source: Afrol News, February 16, 2005
Notes: Eyewitnesses at the scene said that Carstens was tied up with cords cut off of electrical appliances, with one cord tied tightly around her neck.

#### Precious Armani

Location: Atlanta, Georgia
Cause of Death: Shot in the Head
Date of Death: February 29, 2004
Source: The Associated Press, March 1, 2004

#### **Michael Charles Hurd**

Location: Houston, Texas

Cause of Death: Shot to death

Date of Death: June 18, 2003

Source: Houston Chronicle, June 18, 2003

Notes: Little information has been provided on this case, other than that Hurd was found shot to death in a car, and was found wearing a wig, makeup, and feminine attire.

# Jorge Rafael Cruz

Location: Guatamala City, Guatamala
Cause of Death: Murdered
Date of Death: March 25, 2003
Source: Guatamala Hoy, March 26, 2003
Notes: Several individuals dumped Cruz's body in Guatamala City. Local authorities do not expect that they will be able to find Cruz's murderers, as transgendered people in the area are known to have "many enemies." Cruz was 19 years old.

#### **Brandie Coleman**

Location: Indianapolis, Indiana
Cause of Death: Shot to death by Paul Anthony Moore
Date of Death: July 22, 2003
Source: Indianapolis Star, July 26, 2003
Notes: 18-year-old Brandie Coleman, while not a transgendered woman herself, was a close friend to Nireah Johnson, and was also shot in the head while atting in Coleman's mother's SUV with Ms. Johnson. She had recently become a mother just two months prior to the murder. Paul Anthony Moore was found guilty of murder and sentenced to 120 years in prison.

# Merlinka (Vjeran Miladinovic)

Location: Belgrade, Serbia
Cause of Death: Beaten to death
Date of Death: March 22, 2003
Source: Politika, May 20, 2003
Source: Merlinka, also known as Vjeran Miladinovic, was known as the first out transwoman in Serbia. She wrote a book, Terezus' Son, and had been in two Serbian films. She was murdered in Belgrade on March
22nd, and her body was found a month later. Two men, one of whom is a minor, have been arrested in this

12110 1 1

· Line in .

.... Salling

.....

Luthe Li

. Lines Se ...

#### Nikki Nicholas

Location: Green Oak Township, Michigan
Cause of Death: Shot to death
Date of Death: February 21, 2003
Source: Ann Arbor Neus, February 25, 2003
Notes: Nikki Nicholas was a 19-year-old African-American transwoman. She was making a living as a female impersonator at nightclubs around Detroit, and was well-known for her impersonations of singer Beyones. Her body was discovered during a routine property check of an abandoned farmhouse.

# Porfiro Mejia (aka Daisey, Flora Blanca)

Location: Delano, California
Cause of Death: Blunt force trauma to the head
Date of Death: August 20, 2002
Source: The Bakersfield Californian, October 25, 2002
Notes: Little is known about this death, Mejia, a transwoman, used to frequent some of the bars in the Delano area. She was found in a grape vineyard just south of Delano. Anyone with information on this apparent homicide is asked to call Secret Witness at (661) 322-4040.

# **Stephanie Thomas**

Location: Washington, DC
Cause of Death: Shot multiple times
Date of Death: August 12, 2002
Source: WJLA ABC 7, Washington, DC
Notes: Stephanie was killed at the same time as <u>Ukea Davis</u>. Stephanie and Ukea were friends living in Washington, D.C., and had begun living in their preferred gender roles. Both were shot multiple times in a car they often shared. They were half a block away from home. Anyone with information about this crime is asked to call (202) 727-9099. There is a \$10,000 reward available.

#### The Death of Stephanie and Ukea

In the early morning hours of Monday, August 12 Stephanie (Wilbur) Thomas, age 19, was driving her friend Ukea (Deon) Davis, age 18, home in South East Washington, DC. Thomas has just purchased her Toyota Camry a few weeks ago. A car drove up beside them, and a gunman fired shots from an automatic weapon. The gunfire killed Ukea Davis and critically wounded Stephanie Thomas.

According to an eyewitness report, another car drove up after the shooting, and an unidentified man got out and walked up to the driver's side of Thomas' Camry. The man pushed Thomas' shoulder to see if she was still alive. Thomas moaned in pain, but the man fied upon hearing the first car return. The gunman then got out of the first car and fired additional shots into Thomas' car, killing her.

The two young transgendered women were members of Transgender Health Empowerment, an African-American transgender support group coordinated by Earline Budd. They also may have been members of the Teen Divas of the Sexual Minority Youth Assistance League (SMYAL) although that has not yet been confirmed.

Whether or not the DC Metropolitan Police Department (MPD) will investigate this gruesome double homicide as a hate crime remains to be seen, but the assailants' return to the scene to fire additional shots does seem to indicate an overkill factor common in many murders of transgendered people in the U.S.

# Amy (Raymond) Soos

Location: Phoenix, Arizona
Cause of Death: Murdered
Date of Death: February 16, 2002
Source: Phoenix, Arizona police report
Notes: Amy Socs lived all her life on the Salt River Pima Indian Reservation in Arizona, but often went into
Phoenix in the evenings. After not returning home one such night, her body was discovered in a roadway.
She died of multiple blunt force traums. She had been beaten many other times before her death.

# Bibi Barajas (Hugo Cesar Barajas)

Location: Houston, Texas
Cause of Death: Shot multiple times
Data of Death: January 26, 2002
Source: ETRK News and Vanessa Foster
Notes: Bibl Barajas was a sex worker in Houston, after coming over the border from Mexico. She is believed to have been killed by some of her customers, who dumped her body near a local club.

#### **Robert Martin**

Location: Ashburn, Georgia
Cause of Death: Severly beaten
Date of Death: April 3, 2001
Source: Monica Helms
Notes: Martin was beaten on January 7, and laid in a semi-coma state in the hospital until his death.

#### **James Jerome Mack**

Location: Buffalo, New York
Cause of Death: Beaten with beer bottles, sexually assaulted with a broom handle, strangled with an electrical cord and then drowned in a bathtub. His body was later set on fire in a trash can behind a church Date of Death: January 21, 2001
Source: The Associated Press, February 23, 2001
Notes: Mack was not himself transgendered, but was the lover of a transgendered woman. On January 21, 2001 he was beaten with beer bottles, sexually assaulted with a broom handle, strangled with an electrical cord and then drowned in a bathtub. His body was later set on fire in a trash can behind a church.

#### Keith E. Jackson

Location: Miami, Florida Cause of Death: Blunt trauma Date of Death: August 27, 2000 Source: Miami Herald, August 29, 2000

#### Julie Birchall

Location: San Francisco, California
Cause of Death: Injuries substained in a hit and run accident.
Date of Death: June 16, 1990
Sources Kerry Birchall
Notes: In spite of being hit on a busy street during the afternoon, no one ever came forward with any information. Police reported that this was likely due to her transgender status.

....

.....

-- tak 20. . .

· Jakobara

. . . . .

# Stephanie Yazum (Frank Yazum)

Location: Schenectady, New York
Cause of Death: Throat slashed, allegedly by David A. Bronson
Date of Death: March 23, 2000
Source: The Daily Gazette, March 24, 2000

#### Toni Lee

Location: New York City, New York
Cause of Death: Murdered
Date of Death: 1976
Source: Drag Magazine, Volume 6, Number 23

# "Tiny" (Robert Howard Gibson)

Location: El Cajon, California
Cause of Death: Multiple stab wounds, allegedly by Shawn Keith Wilson.
Date of Death: July 31, 1998
Source: Just Evelyn

# Barbarella (Joe V.)

Location: San Francisco, California
Cause of Death: Stabbed in the chest
Date of Death: March 15, 1975
Source: Drag, Volume 5, Number 19, the San Francisco Sentinel, April 10, 1975, and Crusader, May 1975
Notes: Barbarella was the neighbor of Yancey-Lisa R., who was killed within weeks of Barbarella.

# Phyllis Olson

Location: Minneapolis, Minnesota
Cause of Death: Strangled
Date of Death: September 23, 1986
Source: United Press International, October 28, 1987 and the GL Voice, October 6, 1986

#### Linda Williams

Location: Yonkers, New York
Cause of Death: Stabbed to death by Ron Johnson
Date of Death: October 15, 1983
Sources United Press International, April 1, 1985

#### Steven Hernandez

Location: San Francisco, California Cause of Death: Murdered by Kelly Nichols Date of Death: February 16, 1989 Source: San Jose Mercury News, February 18, 1989

# Jonathan "Tanya" Streater

Location: Philadelphia, Pennsylvania
Cause of Death: Shot in the face, beaten and sexually mutilated by Donald Jennings
Date of Death: June 30, 1986
Source: Philadelphia Daily News, August 12, 1986 and December 5, 1986
Notes: Streater was murdered at the same time as Faustino "Tina" Arroyo. Both were burnt and their bodies were discovered in trash bags, with their legs sawed off above the knees.

1000

## Barbara (William) Brodie

Location: Feltonville, Pennsylvania
Cause of Death: nternal injuries: the liver, abdomen, and lungs were punctured when a blunt instrument was inserted in Brodie's rectum.

Date of Death: January 3, 1981
Source: Philadelphia Inquirer, January 5, 1981 and Philadelphia Daily News, January 5, 1981

# Person dressed in women's clothing

Location: San Diego, California Cause of Death: Murdered Data of Death: June 22, 1994 Source: The San Diego Union-Tribuns, June 24, 1994

# Person dressed in women's clothing

Location: San Diego, California Cause of Death: Murdered Date of Death: June 22, 1994 Source: The San Diego Union-Tribune, June 24, 1994

## **David Edward Wigley**

Location: San Antonio, Texas

Cause of Death: Stabbed repeatedly in the chest and stomach

Date of Death: November 8, 1993

Source: San Antonio Express-News, November 9, 1993

# Philip Robert Filshie

Location: Toronto, Ontario, Canada
Cause of Death: Stabbed in the side by Joyce Lorraine Filshie.
Date of Death: December 20, 1984
Source: Metamorphosis, Volume 4, Number 6, December 1985 and the Toronto Star, November 20, 1995
Notes: Ms. Filshie claimed that her husband was beating her, and she "accidentally" stabbed him in the side, from which he bled to death. He was a 51-year-old, post-op FTM. She was acquitted of second-degree murder charges.

a tradica

. : : : : . : ·

· 二、连连线 英二位

المراشون

# Rosando "Crystal" Sanchez-Reyes

Location: Oxnard, California
Cause of Death: Shot six times at point blank range by Daniel Montenegro Delgado,
Date of Death: December 25, 1987
Source: The Los Angeles Times, November 16, 1990
Notes: Delgado shot Sainches-Rayes because she danced with his brother, Loreno Montenegro. He was convicted of second-degree muder and sentenced to 17 years in prison.

# Larry Venzant

Location: Chicago, Illinois
Cause of Death: Stabbed repeatedly and castrated by David Feikema
Date of Death: December 19, 1993
Source: Windy City Times, November 9, 1995
Notes: After Feikema stabbed and castrated Venzant, he then placed the severed penis in Venzant's mouth and shoved him in a closet. Feikema was found guilty of first-degree murder.

# Ashley-Ann Summers (Eric Farrow)

Location: Columbus, Ohio
Cause of Death: Shot to death
Date of Death: November 20, 1993
Source: The Columbus Dispatch, November 21, 1993 and www.rodhatesfredphelps.com

#### **Patrick Calvert**

Location: St. Louis, Missouri
Cause of Death: Stabbed
Date of Death: Angust 7, 1991
Source: Cross-Talk #29, October 1991
Notes: His body was witnessed being pushed out of a car at an off-ramp of Interstate 55-70.

# Monique Thomas (aka Rufus P. Thomas)

Location: Dorchester, Massachusetts
Cause of Death: Murdered, allegedly by George Stallings
Date of Death: September 11, 1998 (estimated, body was not discovered for a week)
Source: Dallas Denny of GEA

Notes: George Stallings, caught using Thomas's car and credit cars, has pinned the murder on "some men" who, he said, had discovered that Thomas was biologically male. Stallings has been charged with first-degree murder.

1.4. . . .

. desired . . . .

#### Felix Abarca

Location: East County, California, on Sunrise Highway
Cause of Death: Murdered
Date of Death: November 23, 1990 (approximate)
Source: The San Diago Union-Tribuns, December 17, 1990
Notes: The slaying of Felix, a 24-year-old Timana transsexual (according to the source above) was linked to the 5-year series of slayings of female prostitutes and drug addicts.

#### Janice Ricks

Location: Cleveland, Ohio Cause of Death: Shot once in the neck and once in the abdomen Date of Death: June 13, 1996 Source: Transgender Tapestry, \$76, Summer 1997

# **Christian Paige**

Location: Chicago, Illinois
Cause of Death: Brutally beaten about the head and ears, then strangled, stabbed deeply in her chest and breast area between 15 and 2 dozen times, and finally, burned.
Date of Death: March 22, 1996
Source: Riki Anne Wilchins

## Rene "Michelle" Ouellet

Location: Cape May, New Jersey
Cause of Death: Strangled by Brian Halter
Date of Death: June, 1992
Source: IVF, December 1997
Notes: Halter claimed he had fallen asleep in a public place, and when he woke up he found Ouellet performing oral sex on him. He was given a 15 year prison sentence.

# Jessy Santiago

Location: South Bronx, New York
Cause of Death: Beaten with an iron bar and stabbed with a box cutter, a screw driver and a knife by
Augustin Rosado
Date of Death: February 18, 1992
Source: The Page of Rage
Source: This is Pegry Santiago's sibling. Peggy was killed three years earlier, in the same area. In spite of
evidence to the contrary, the NYPD refused to call the murder a bias crime.

#### Rita Hester

Location: Boston, Massachusetts Cause of Death: Multiple stab wounds Date of Death: November 28, 1998 Source: ITF, November 1998

#### Remembering Rita

The atmosphere at the club on the night of December 1st, 1998, was filled with tension, fear, and only the most auxious of laughter. Just three days earlier, some of us had learned that one of our compatriots, Rita Hester, had been brutally stabbed to death in her apartment. Informing our sisters and brothers was not the easiest of duties, but one for which we felt much compulsion — not only for the increased alertness required by all, but in sheer shock of Rita's portrayal by the local and national media.

For those of you who haven't already heard the full story, or have only managed to gather what morbid morsels the rest of the press has doled out, here's an account combined from various eyewitness and friends' accounts. Rita Hester was an out transgendered woman who had lived as a full-time woman for over 10 years in the Allston/Brighton community (just west of Boston proper). Comfortable with both herself and the way she was received by all segments of the local communities, Rits was a well-loved patron of both transgender-friendly clubs such as Jacques and straight bars such as Allston's Model Cafe and The Silhouette. She had just returned from performing abroad, a career path which she thoroughly enjoyed. While the press has chosen to focus on Rita's transgendered nature, her friends have instead highlighted her vivaciousness. Jessica Piper remembered her particularly well:

"Everywhere Rita went, people experienced her as an incredibly vivacious, outgoing woman. The Globe's quote about her 'double life' only makes sense metaphorically: in Boston, she hung out in two different cultures, on opposite sides of town, and she was one of the only links between the two. The other queens wouldn't go out to Allston from fear. And the straight Allston kids didn't want to go to downtown queen hars."

Rita was also known as a "large woman who could take care of herself," a fact which makes her murder only more puzzling. On Saturday November 28th, at about 6:20 pm, a neighbor reported to police a disturbance at Rita's residence. Upon arrival, they found her in cardiac arrest, having been stabbed multiple times. She was rushed to Beth Israel Desconess Hospital, only to be declared dead after her arrival. Byewitness reports variously claim that she went home with one or two people after meeting them at Jacques on the prior Tuesday, behavior that struck them as not typical of her style. Rumons abounded in the lay press, at various time suggesting the potential involvement of everything from blacking likely, given how out she was to friends, family, and community) to Rohypnol ("Roofles," or "the date-rape drug"), but nothing has been substantiated at this point. The only suggestion that seems plausible is that she was murdered by people she knew, since she was a 6'2", 6'3", 225, maybe 230 pound woman, it seems unlikely that she could have been murdered by someone breaking into her home.

S .. 21-4.

1 75

WALL TO

But all the conjecture aside, what enrages me (and my friends here at TCNE) is her blatant misrepresentation by the press as he, male, and "Rita," as if this name was an improper appellation. A transgendered individual who has had breast implants, who has lived in a community for 10 years as a woman, and who is known even by "straight" acquaintances as Rita, is not "Rita." She is a woman, and whether or not you agree with her chosen lifestyle in any aspect, you owe her the respect to treat her as she wished to be treated. Yet the Boston Globs, an otherwise respectable publication, referred to her repeatedly as male while quoting friends who correctly used female pronouns and her correct first name. Even Boston's gay/bi/lessian newspaper, Bay Windows, repeatedly used male pronouns and Rita's obscure given male first name throughout the article. But to everyone who knew Rita, this was the first they had heard her referred to in this way.

# Carmen Marie Montoya

Location: Oakland, California
Cause of Death: Multiple blows from a blunt object to her face and head
Date of Death: July 10, 1991
Source: GenderPAC
Notes: Police questioned at least one suspect, but there were no arrests.

# Stella Essie (Jerome Brent)

والمناز فيات الما

363.5

. : .....

Location: Chicago, Illinois
Cause of Death: Hit in the head with a sledgehammer by Loveless Austin
Date of Death: July 17, 1985
Source: The Chicago Tribuns, August 28, 1985 and September 12, 1986
Notes: Austin was found guilty of murder, and sentenced to 40 years in prison.

#### Derry Glenn

Location: Atlanta, Georgia Cause of Death: Shot to death Bate of Death: December 19, 1992 Source: Dallas Denny of GEA

# Unknown person wearing wig

Location: Allanta, Georgia
Cause of Death: Killed by blow to head
Date of Death: October 29, 1991
Source: Dallas Denny of GEA

#### Unidentified crossdressed person

Location: New York City, New York
Cause of Death: Puncture wounds over the right eye
Date of Death: Early 1972
Source: Drag Magazine, Volume 2, Number 7

#### Rhonda Star (Ronnie Dean Lyles)

Location: Atlanta, Georgia
Cause of Death: Shot to death
Date of Death: October 29, 1991
Source: Dallas Denny of GEA and the Atlanta Journal-Constitution

#### Jamie D. Ford

Location: San Diego, California
Cause of Death: Stabbed
Date of Death: 1973
Source: Drag Magazine, Volume 3, Number 12
Notes: According to police, Ford was attacked in his home, and managed to walk to a neighborhood bar before he collapsed and died

#### **Quincy Favors Taylor**

Location: Atlanta, Georgia
Cause of Death: Shot to death
Date of Death: October 11, 1995
Source: Atlanta Journal/Constitution, October 11, 1995

#### **Chanelle Pickett**

Location: Watertown, Massachusetts
Cause of Death: Strangled by William Palmer. She also suffered a beating that left her face terribly bruised and bloody.

Date of Death: November 20, 1995
Source: Dallas Denny, GEA and Nancy Nangeroni
Notes: For more information, please see this short summary of events surrounding the death of Chanelle Pickett by Nancy Nangeroni.

#### The Murder of Chanelle Pickett

and the state of

... ichi. .

Chanelle Pickett, a young (23) black "pre-operative" transsexual woman, was found dead in the apartment of William Palmer, 35, a computer programmer, on November 20, 1995. According to the report of the police-appointed medical examiner, Chanelle liad died of strangulation. She also suffered bruises about the face consistent with having received a severe beating. Palmer denied having murdered her, claiming that she died while he slept.

Chanelle met Palmer at Playland, Boston's oldest gay bar and a downtown Boston hangout popular with trans girls. According to Chanelle's twin sister Gabrielle, Chanelle thought Palmer was genuinely interested in having a relationship with her. On Sunday evening, November 19, the three of them indulged in some crack cocaine together. When Palmer was unable to convince Gabrielle to join them in a threesome, he took Chanelle to his apartment. Later that night Palmer's roommates heard loud noises coming from his room and knocked on the door to ask if everything was OK, but he said he had the situation under control. The next day, at the advice of his lawyer, Palmer reported Chanelle's death to the police, and was eventually charged with first-degree murder.

On December 10, about 250 people attended a memorial service followed by a candlelight vigil in memory of Chanelle. Many of those in attendance did not know Chanelle, but appreciated the ongoing struggle of all transgender people represented by her murder.

In the ensuing murder trial, judge William Barton did not allow the jury to see photographs of Chanelle's bruised and bloodied face. The medical examiner testified to death by strangulation, but the jury believed the medical witnesses for the defense. Palmer's lawyer incited the prejudices of the jury, repeatedly referred to Chanelle's "birarrie" transformation that took place as she struggled for her life, her voice and manner, becoming more masculine. The jury found Palmer guilty only of assault and battery. At the sentencing, judge Barton admonished Palmer, telling his attorney "quite frankly, the defendant should kiss the ground you walk on," before sentencing Palmer to two years in prison. Such a sentence for assault and battery with no priors sent a clear message that the judge believed Palmer to be guilty of at least manslaughter.

In the words of the headline to the Boston Phoenix article about the murder, "When is a murder not a murder? When the victim is a transsexual."

#### Unknown person dressed in women's clothing

Location: Santa Ana, California

Cause of Death: Shot once in the chest

Date of Death: November 20, 1988

Source: Los Angeles Times, November 22, 1988 and Orange County Register, November 21, 1988

#### Tasha Dunn

Location: Tampa, Florida

Cause of Death: Bludgeoned to death

Date of Death: February 14, 1998

Source: Transgender Tapestry, Summer 1998 and IYF, February 27, 1998

### Vianna Faye Williams

Location: Jersey City, New Jersey
Cause of Death: Multiple stab wounds to back, neck, and chest
Date of Death: December 24, 1997
Source: Transgander Topestry, Summer 1998 and IYF, March 1, 1998

#### Remembering Vianna Faye Williams

· Sales

. Little .

. . . . . . .

2.7.40.2

She had been working for sometime down in the Meatmarket in New York City—a notorious place for shemale street hookers. Vianna was turning tricks, and saving her money for her SRS, akirting the edge of Nothingness to save herself. Vianna Raye Williams was doing what a young trans immigrant from Jamaica could do to get by, and get on. Youthful and sweet, she became friends with David, my close friend, the one who was there for me from my coming out through my surgery.

I never met her, never even knew about her until a month before my sojourn to Montreal. She was scheduled for surgery the week following mine. She was looking forward to the end of sex work. Vianna was trying to line up a normal job. She knew her degradation and she knew she had to get out of it. SRS would provide her with a second freedom. It would end her nights as a chick-with-a-dick for hire. But with all this she was able to maintain a lightness of being that few "straight" people could exude. David told her about me and visa versa, and we were both looking forward to meeting each other, one done and one to go, both of us surviving our own nightmares, triumphant over our own demons.

The day after my release from hospital, David called. I could here it in his voice—annious, distraughtful. He kept asking me if I was okay, I had to do the same. "You're sure there's nothing wrong, David?"

Just some personal matter that would work itself out. I asked about this young new-woman-in-waiting and all he could say was "don't worry, it's going to be alright."

She never did show. I though it might have had something to do with Ice Storm 98, which crippled Montreal with a two foot layer of ice the day of my SRS. As soon as I got back I called David. "She didn't make it up to Montreal, David. Was it because of the Ice Storm? I heard they didn't let anyone into Quebec Province for over ten days."

No. On Caristmas Eve, 1997 the doorbell rang. It was the neighbor's twelve year old boy. He came to give Vianna something, at least that's how the rumor goes.

Vianna Faye Williams was stabbed over forty times by a twelve year old boy whom it was later rumored confessed to the police that he hated faggots. The police never released any official details about the murder despite press inquiries.

David didn't want to tell me about her death. He even pretended that everything was alright when I mentioned her days after Christmas. He wanted me to go into surgery and heal with a clear mind. But he just had to call me afterwards. He had to know that at least I was alright, that I made it though, and he would see me again.

As soon as I was healed enough I went over David's. He was treating me to dinner, a quiet celebration of my second birthday. The talk turned to Vianna. It had to. How, how could a horror like this occcur? It wasn't an occupational hazard rearing it's brutal head, it was a twelve year old on Christmas eva. Promises of delight, little angel ornaments dangling from trees, smiling faces on glowing children. The gift of the little drummer boy.

We broke down in tears and he cried on my shoulder. At least I made it.

Vianna Faye Williams, murdered on Christmas Eve, 1997.

All warmers

ر الدرائد مناه

ام قاد المراد المشد ،

# Unknown person wearing a dress

Location: Hollywood, California Cause of Death: Multiple gunshot wounds. Date of Death: February 18, 1991 Source: Cross-Talk #25, June 1991

#### Shawn "Junior" Keegan

Location: Toronto, Ontario, Chnada
Cause of Death: Shot twice in the head with a .357 magnum filled with hollow-point builets, by Marcello Palms
Date of Death: May 20, 1996
Source: XTRAI, June 6, 1996, Issue No. 303 and the Toronto Star, April 29, 1999.
Notes: Shawn was one of three murders over the same weekend by the same killer. Two of the victims were transpeople. Palma's lawyer claims that Palma was not "criminally responsible" when he killed them.

#### Nikki

Location: New York City, New York Cause of Death: Thrown off roof Date of Death: Spring of 1976 Source: Rosalyne Blumenstain, GIP

#### Rafael Sanchez Ayala

Location: San Diego, California
Cause of Death: Shot in the head
Date of Death: June 11, 1990
Source: The San Diego Union-Tribune, December 17, 1990
Notes: Rafael was shot at the same time as <u>Castro Nova Estabon</u>.

#### William Battles

Location: South Bronx, New York
Cause of Death: Beat and sexually mutilated by members of a local street gang.
Date of Death: November 24, 1973
Source: Drag Magazine, Volume 4, Number 15 and the New York Times, November 25, 1973

#### Regina Haskins

Location: New York City, New York
Cause of Death: Shot at least twice, once in the neck and once in the head.
Date of Death: April 4, 1998
Source: New York Daily News, August 18, 1998

#### Leslie Re'Geanne

Location: Chicago, Illinois
Cause of Death: Struck and killed by a car
Date of Death: March 24, 1998
Source: Outlines
Notes: Leslie was a well-known drag performer, and was among the first to be outspoken about transgendered people, appearing on the Donahue Show, Oprah and others. She was killed in a hit-and-run.

LA LY See.

. . . . . . . .

Section .

# Tracy Thompson (aka Tracy Turner, Billy Joe Turner)

Location: Cordele, Georgia
Cause of Death: Head wounds, most likely caused by a baseball bat.
Date of Death: March 30, 1999
Source: The Macon Telegraph, April 1, 1999
Notes: Anyone with information about Tracy Thompson's death call the Wilcox County Sheriff's Office at 912-647-2322 or the GBI's Perry office at 912-987-4545.

#### Daniel A. Castro

Location: Santa Ana, California
Cause of Death: Shot once with a small-caliber handgun
Date of Death: July 10, 1993
Source: The Orange County Register, July 11, 1993
Notes: Police suspect that the gunman may have confronted Castro because he was crossdressed.

#### **Unnamed Transvestite**

Location: San Antonio, Texas Cause of Death: Bludgeoned to death Date of Death: March 29, 1991 Source: San Antonio Light, March 30, 1991 Notes: Victim was found partially burnt.

#### Valerie Hill

Location: Akron, Ohio

Cause of Death: Shotgun wound to the abdomen by Edward Blazeff

Date of Death: July 12, 1995

Source: Akron Beacon Journal, July 13, 1995

Notes: This may have been a murder-suicide, as it appeared that Blazeff shot Hill and then shot himself in the side of the head. No note, however, was found.

#### Faustino "Tina" Arroyo

Location: Philadelphia, Pennsylvania
Cause of Death: Suffocated, beaten and sexually mutilated by Donald Jennings.
Date of Death: June 30, 1986
Source: Philadelphia Daily News, August 12, 1986 and December 5, 1986
Notes: Arroyo was murdered at the same time as Jonathan "Tanya" Streater. Both were burnt and their bodies were discovered in trash bags, with their legs sawed off above the knees.

#### Samantha York

4423 B

·-----

ن د دون قد

Location: Fayetteville, North Carolina Cause of Death: Murdered, allegedly by James Edward Shaffer Date of Death: June 26, 1988 Source: The Charlotts Observer, June 29, 1988

#### Vernon Sivills

Location: Norfolk, Virginia
Cause of Death: Head injuries attained in a hit-and-run accident perpetrated by Michael O'Donnell and
Joseph P. Stone.
Date of Death: November 4, 1988
Source: The Virginian-Pilot, June 27, 1990 and July 11, 1990.
Notes: Prior to the trial, O'Donnell said "Excuse me, but he was a faggot, right? All faggots deserve to die
anyway, don't you think so?" O'Donnell was sentenced to to three years in prison for voluntary
manslaughter, time suspended. Stone was sentenced to ten years in prison for involuntary manslaughter and
five years for hit-and-run.

#### "Benderella" (Benjamin Scott Rae)

Location: Tacoma; Washington
Cause of Death: Shot in the face three times with a small caliber handgun, by Victor Lynn Velasquez.
Date of Death: July 10, 1977
Source: Mardi Clark and the Tacoma News Tribune

#### Remembering Benderella

In early 1977, I met Benderella for the first time. It was at her home, and I was brought there by friends of mine. She was a gradious hostess, and was able to make an extremely shy young FtoM feel comfortable. During a tour of her home, to look at the antiques she had collected in her 38 years, she talked about wishing she could get SRS, but how she felt it was out of the question, as she could never pass. She had had 'water on the brain' as a newborn, and her skull was misshapen because of this. "Finding wigs that fit is a real bitch!" was one of the things she told me that night.

In July, she was dead, having been murdered by a 20 year old soldier who used the "She told me ahe was a real woman. Of course I freaked out when I found out it wasn't true." defense to receive the lightest possible sentence that could be given at that time, plus a recommendation that could allow him to serve only months of a 20-year sentence.

No one but the participants will ever really know what transpired that night, but no one who knew her ever believed that he was telling the truth.

#### **Felix Benitez**

Location: New York City, New York
Cause of Death: Murdered
Date of Death: July 16, 1985
Source: The New York Times, November 2, 1986
Notes: Media coverage of the time pointed to this being part of a series of murders of primarily homosexual individuals in New York.

#### Rita Sellers

Location: El Rancho, Colorado Cause of Death: Murdered Date of Death: December 16, 1979 (approximate) Source: United Press International, February 11, 1981

#### Rodney D. Neadeau

Location: Minneapolis, Minnesota Cause of Death: Blows to the head and abdomen. Date of Death: May 31, 1996 Source: Minneapolis Star Tribune, June 1, 1996

#### Kevin Freeman

Location: New York City, New York
Cause of Death: Skull split nearly in half
Date of Death: June 20, 1997
Source: Associated Press, August 28, 1999

#### **Kareem Washington**

Location: Passaic, New Jersey
Cause of Death: Murdered
Date of Death: August 29, 1999
Source: The Bergen Record, August 31, 1999

#### Quona R. Clark

Location: Chicago, Illinois Cause of Death: Murdered Date of Death: March 2, 1993 Source: The Chicago Tribune, March 6, 1999

#### Alina Marie Barragan

Location: San Jose, California

Cause of Death: Not yet specificed: allegedly strangled by Kozi Santino Scott.

Date of Death: January 19, 2000

Source: San Jose Mercury News, January 20, 2000

#### The Whole World Wasn't Watching

Toronto Co

On January 19, 2000, Alina Marie Barragan, a 19-year-old transgender woman, was murdered in a hate crime in San Jose, California. Ten days later, on January 29, hundreds of transgender people met for the Transgender San Francisco (TGSF) annual cotillion and beauty pageant. No mention was made of the hate crime, and almost no one there knew about it. How did this happen?

While I never knew Alina in life, I have become personally involved in the events surrounding her death. I first heard about the murder on Tuesday the 25th, from my gender counselor, who had been asked if Alina was one of her patients (she wasn't). She mentioned that an article about it had been published in the San Jose Mercury News. She asked me to send any information I could find about it to her, and I assured her that I was connected to many gender-oriented online resources, and I was sure that the community would be informed through this means.

That night I could find no mention of the crime anywhere. I did a search for the words "transsexual" and "transgender" on the Mercury News website, and came up with no hits. The murder had been reported, it turns out, but the body hadn't been positively identified. The Merc reported the body to be that of a "man", and made no mention of Alina's gender identity.

. 4.662....

1. Landiday ....

# Unidentified person dressed in women's clothes

Location: New York City, New York
Cause of Death: Murdered, allegedly by William Harris.
Date of Death: August 1975
Source: The New York Times, August 18, 1975

#### **Julia Carrizales**

Location: Webster, Texas
Cause of Death: Strangulation
Date of Death: July 21, 2000
Source: Community Awareness for Transgender Support
Notes: There were also numerous stab wounds on the body of the victim.

#### **Ana Melisa Cortez**

Location: Nashville, Tennesse Cause of Death: Stabbed to death Date of Death: October 15, 2000 (Approximate) Source: Nashville Tennessean, October 21, 2000

#### Sissy (Charles) Bolden

Location: Savannah, Georgia
Cause of Death: Murdered
Date of Death: October 15, 1999
Source: Savannah Police Department Press Releases, October 15, 1999 and October 18, 1999
Notes: If anyone has any information concerning this incident they are encouraged to contact Savannah
Police at 232-4141 or CrimeStoppers, anonymously, at 234-2020. A reward of up to \$2500 is available from
CrimeStoppers for credible information leading to an arrest or conviction in the incident.

#### Willie Houston

Location: Nashville, Tennessee
Cause of Death: Shot, allegedly by Lewis Maynard Davidson III
Date of Death: July 29, 2001
Source: Bay Windows, August 3, 2001
Notes: Houston was not himself transgendered, but faced anti-transgendered and (and anti-gay) violence because he was carrying his wife's purse, and assisting a blind male.

#### Antonio Texera Dos Santos

Location: Rome, Italy Cause of Death: murdered Date of Death: October 22, 1999 Source: Crisalide AzioneTrans
Notes: Dos Santos was a Brazilian transperson living in Italy. Her body was found with both hauds tied
behind her back.

#### Marquita (Martin) Johnson

Location: Xenia, Ohio Cause of Death: Shot three times in the face at close range, by Juan Lamont Harding Date of Death: October 7, 1993 Source: State v. Harding, No. 94-CA-64 (Ohio App. May 12, 1995)

#### Arlene (Hector) Diaz

Location: El Paso, Texas

Cause of Death: Shot in the back, allegedly by Justen Grant Hail

Data of Death: April 10, 2002

Source: El Paso Times, April 27, 2002

Notes: Arlene (Hector) Diaz was planning her upcoming transition, and attended a local transgender support group the night of her murder. She was fatally shot in the back, allegedly by Justen Grant Hail. The local police have classified this murder as a hate crime.

#### Nicole Lee Anderson (Thomas Shrom)

Location: Hopewell, New York
Cause of Death: Bludgeoned with a claw hammer, by Randy Loomis.
Date of Death: September 2001
Source: Rochester Democrat and Chronicle, August 21, 2002
Notes: Anderson and Loomis met in a medium security prison. Loomis killed Anderson four days after his release. Loomis has been sentenced to 20 years for this murder.

· Links ...

. 3184. .

Tile ....

#### **Victor Pachas**

Location: Paterson, New Jersey
Cause of Death: Besten, stabbed, slashed, and asphyziated by Carlos Camacho
Date of Death: February 25, 2001
Source: The Record, October 30, 2002

#### Nguyen Bui Linh

Location: Vinh City, Vietnam
Cause of Death: Stabbed by Tran Quoc Dung and Nguyen Binh Hung
Date of Death: July 15, 2002
Source: Sapa-AFP, July 22, 2002
Notes: Nguyen Bui Linh, a 14 year old, was impersonating a female on an online chat forum in Vietnam.
After Tran Quoc Dung and Nguyen Binh Hung discovered that they were not talking to a pretty 16 year old named Phuong Anh, they met and stabbed Linh in the back.

#### Gwen Araujo

Location: Newark, California
Cause of Death: Beaten to death, allegedly by four ex-classmates.
Date of Death: October 3, 2002
Source: San Francisco Chronicle, October 17, 2002

Notes: Araujo had been dressing as a woman since she was 14 years old, and was murdered at the age of 17. During a house party, she was revealed to have been more a male. After this revelation, at least three individuals — Michael Magidson, Jose Antonio Merel, and Jason Cazares — allegedly beat her, dragged her into a garage, and strangled her, before disposing of her body in a remote location 150 miles away. All three of the above suspects are in custody awaiting trial on murder charges with a hate crime enhancement. A fourth suspect, Jaron Chase Nabors, pled out in exchange for testimony, receiving a 10-year prison sentence.

#### Danisha Victoria Principal Williams

Location: Bradenton, Florida
Cause of Death: Murdered
Date of Death: February 28, 2003
Source: Sarasota Herald Tribune, March 4, 2003
Notes: Williams was very open as a transgendered woman. She was discovered in her apartment after neighbors discovered a trail of blood in the hall which lead to Williams's bathroom. Her body had been left in her bathtub.

Last Marie

....

#### Tamyra Michaels

Location: Highland Park, Michigan
Cause of Death: Shot to death
Date of Death: December 14, 2002
Source: WXYZ-TV Detroit, December 14, 2002
Notes: Tamyra Michaels was a transgendered woman who had been living full-time since age 17. She was shot by an assailant that she described as a white male with a foreign-sounding accent, on December 14th. She passed away while in the hospital.

#### Amanda Jofré

Location: Chile

Cause of Death: Murdered, allegedly by Winston Michelson del Canto

Date of Death: November 24, 2002

Source: IGLIRC and TravesChile

Notes: Amanda Jofré, then 23 years old, was found dead in Michelson del Cauto's apartment. Michelson del

Canto is a known as a drug dealer and manufacturer. It is also rumored that he likes to keep underage

transgender sex-workers locked in his apartment for days. Nevertheless, Michelson del Canto was

unanimously acquitted of any wrongdoing, and excerted home by police.

#### Stanley Van Dyke Traylor

Location: Oakland, California
Cause of Death: Shot multiple times
Date of Death: November 6, 2003
Source: San Francisco Chronicle, November 7, 2003
Notes: Traylor was a 38-year-old transperson who came to the San Francisco Bay Area from Louisiana.
Police found Traylor's body in the middle of a West Oakland street early in the morning on the 7th, wearing a halter top and earrings. A wig was also found nearby.

#### Rivera Rene

Location: Grand Rapids, Michigan
Cause of Death: Throat cut
Date of Death: August 14, 2004
Source: The Grand Rapids Press, September 1, 2004

#### **Unknown Transsexual**

Location: Long Beach, California
Cause of Death: Beaten to death
Data of Death: November 6, 2004
Source: Long Beach Press Telegram, November 7, 2004
Notes: This transsexual woman was found beaten to death in an alleyway near 14th and Paloma streets in
Central City neighborhood. She was badly beaten. Very little additional information has been presented.

#### Felicia Moreno

Location: Hollywood, California
Cause of Death: Shot twice by Patrick Edward Vallor
Date of Death: December 26, 2004
Source: The Desert Sun, December 28th, 2004
Notes: Her murderer, a Active-Duty U.S. Marine lance corporal named Patrick Edward Vallor, was shot and killed after a standoff with police.

dist in a

Aug Selle

1. Late 200 ....

1.20.00

#### **Ashley Nickson**

Location: Dothan, Alabama Cause of Death: Shot multiple times Date of Death: May 1, 2005 Source: WTVY, May 3, 2005

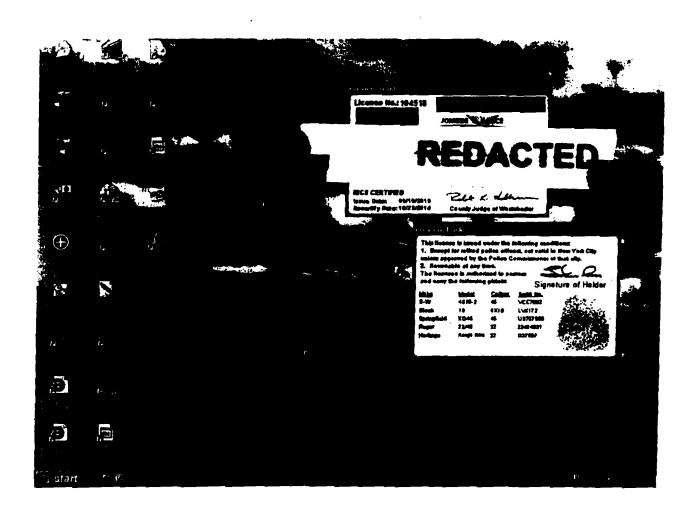
#### Ronnie Paris, Jr.

Location: Tampa, Florida Cause of Death: Beaten by his father, Ronnie Paris, Sr. Date of Death: January 28, 2005 Source: PlanetOut, July 14, 2005

#### Christina Smith

Location: Houston, Texas
Cause of Death: Shot
Date of Death: October 12, 2005
Source: Houston Chronicle, October 14, 2005
Notes: Christina was a Hurricane Katrina evacuee from New Orleans.

# EXHIBIT I



Case 7:10-cv-05413-CS Doowment 49-9 Filed 02/23/11 Page 7 of 45

# REPACTED IESTER COUNTY C. IDONI

County Clerk

#### APPLICATION FOR AMENDED OR DUPLICATE PIS

| 104518                                                 |                                           |                                  |                                        |                      |                                       |
|--------------------------------------------------------|-------------------------------------------|----------------------------------|----------------------------------------|----------------------|---------------------------------------|
| ORIGINAL LICENSE #                                     |                                           |                                  | · ·                                    |                      |                                       |
| INSTRUCTIONS: Complete form a duplicate.               | nd submit in DUPLICAT                     | E to the Westchester C           | ounty Clerk's Office and if            | TW                   | )                                     |
| NAME:<br>Johnnie Nance                                 | R                                         | EDAC                             | TED                                    |                      | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; |
| AGE: HEIGHT:                                           | weight:                                   | NOTE                             | Check box if purchase c                | in the second        | . 1.7                                 |
|                                                        | CIRCLE A                                  | PPROPRIATE T                     | RANSACTION (S                          | Chry                 | tüle (k. eta                          |
| RESIDENCE CHANGE DISE                                  | POSED ACQUIRE                             | NAME CHA                         | NGE RESTRICT                           | i sotory             | 30U#)                                 |
| DUPLICATE SURRENDERS                                   | ED SUSPENDED                              | REVOKED                          | DECEASED OTHER_                        |                      |                                       |
| I. TO AM                                               | END LICENSE CO                            | MPLETE 1 THE                     | OUGH 7 WHERE AP                        | PROPRIATE            |                                       |
| I. NAME OH HAIE NA                                     | NCE PHONE                                 | и's: НОМЕ <b>9</b> .             | <b>EDACT</b>                           | ED REI               | DAC1                                  |
| 3. THE FOLLOWING WEAPON (S)                            | HAVE BEEN ACQUIR                          | ED FROM: NAME                    | DANDER MIN                             | 1                    |                                       |
| ADDRESS 100 NORT                                       | -4 GALLERI                                | A DR. HIL                        | DLETOWN NY                             | 1094                 |                                       |
| LICENSE #/DEALER LICENSE #                             | SHIELD # FFL#                             | 10-14-0058                       | . IF MORE T                            | IAN ONE SELLER, CHEC | K THIS                                |
| BOX AND FILL OUT BOX                                   | 7 ON THE BACK OF T                        | HIS FORM.                        |                                        |                      |                                       |
| MAKE REV/AUTO                                          | MODEL                                     | CALIBER                          | SERIAL#                                |                      | i                                     |
| HERITAGE REV                                           | ROUGH                                     | -22                              | G 37997                                |                      |                                       |
| 4. THE FOLLOWING WEAPON (S)                            | HAVE BEEN DISPOSE                         | TO: NAME G                       | NOER MTN.                              |                      |                                       |
| ADDRESS 100 NORTH                                      | GALLERIA                                  | DR. MIDA                         | ETOWN NY                               | 10941                |                                       |
| LICENSE #/DEALER LICENSE #/                            | SHIELD# FFL#                              | 6-14-005                         | 88 IF MORE THA                         | NONE BUYER, CHECK    | THIS                                  |
| BOX AND FILL OUT BOX                                   | 7 ON THE BACK OF TH                       | IIS FORM.                        |                                        |                      |                                       |
| MAKE REV/AUTO                                          | MODEL                                     | CALIBER                          | SERIAL#                                |                      |                                       |
| S+W SEMI-AUT                                           | 0                                         | 9MM                              | TFR 912                                | 4                    |                                       |
| 5. THE FOLLOWING WEAPON (S)                            | HAVE BEEN: (CIRCLE (                      | ONE) LOS                         | T STOLEN                               | DESTROYED            |                                       |
| LAW ENFORCEMENT AGENCY                                 | REPORTED TO:                              |                                  |                                        |                      |                                       |
| MAKE REV/AUTO                                          | MODEL                                     | CALIBER                          | SERIAL #                               |                      |                                       |
|                                                        |                                           |                                  |                                        |                      |                                       |
| 6. AMEND LICENSE TO: (CIRCLE C                         | ONE) ADD                                  | DELET                            | E A RESTRICT                           | TION                 |                                       |
| IF AMENDMENT IS EMPLOYME<br>I AM REQUESTING THAT THE R | NT RELATED, STATE T<br>ESTRICTION ON MY L | HE FOLLOWING: (FICENSE BE CHANGE | OR A BUSINESS, EMPLOYN<br>D TO: FULL C | MENT. OR FULL CARRY) |                                       |
| JOHNNIE NANCE                                          | REL                                       | AÇTÊ                             | D RE                                   | DACTE                | <b>)</b>                              |

#### Case 7:10-cv-05413-CS Document 49-9 Filed 02/23/11 Page 8 of 45

| 7. NÂMES AN                             | ND ADDRESS' OF BU        | YERS AND/OR SELLERS          | S (IDENTIFY IF BU<br>ADDRESS | YER OR SELLER)        | WEAPON SERIAL#                           |        |
|-----------------------------------------|--------------------------|------------------------------|------------------------------|-----------------------|------------------------------------------|--------|
| <del></del>                             | TYTTLE                   |                              |                              |                       |                                          |        |
|                                         |                          |                              |                              |                       |                                          |        |
| (A senarate lis                         | of buyers/sellers must   | be submitted in triplicate o | n plain white paper.         | if there are more tha | n 4 buyers/sellers )                     |        |
| (// Separote no                         |                          |                              |                              |                       |                                          |        |
|                                         | <u>11. 70</u>            | REQUEST A DUPL               | JICATE LICEN                 | ISE, COMPLE           | IE APPIDAVII                             |        |
| STATE OF NE<br>COUNTY OF<br>CITY/VILLAG | WESTCHESTER              | S.S.                         |                              |                       |                                          |        |
| Full Name                               | JOHNNIE                  | C. NANO                      | E                            |                       |                                          |        |
| Present Occupa                          | ation TRAI               | N OPERA-                     | TOR                          |                       |                                          |        |
| Name and Add                            | ress of EmployerN        | YCT 130                      | LIVINGE                      | STON ST               | BROOKY NY 11                             | ا 06   |
| Serial number of                        | of lost license          |                              |                              | Date o                | f Issuance                               |        |
|                                         | of circumstances under   |                              |                              |                       |                                          |        |
| 1                                       |                          |                              |                              |                       |                                          |        |
|                                         |                          |                              |                              |                       |                                          |        |
|                                         |                          |                              |                              |                       |                                          | ,,     |
|                                         |                          |                              |                              |                       | <u> </u>                                 |        |
| Statement of we                         | capon (s) now in applica | int's possession, which are  | to be registered on the      | cense:                |                                          |        |
| MAKE                                    | REV/AUTO                 | MODEL                        | CALIBER                      | SERIAL#               |                                          |        |
|                                         |                          |                              |                              |                       |                                          |        |
| A separate list                         | of guns must be submitt  | ed in triplicate on plain wh | ite paper, if applican       | t possesses more th   | in 3 guns.)                              |        |
| Sworn to before                         | e me this da             | y of                         | . 19                         |                       |                                          |        |
|                                         |                          |                              |                              |                       | Applicant's Signature                    |        |
|                                         |                          | Notary I                     | Public                       | •                     |                                          |        |
|                                         |                          | III. TO BE COM               | PLETED BY A                  | LL APPLICA            | NTS                                      |        |
| lave you been a                         |                          |                              |                              |                       | issued against you since the last licens | ic was |
| f yes, give deta                        | ils below:               | <u>و</u>                     |                              |                       |                                          |        |
|                                         |                          |                              |                              |                       |                                          |        |
|                                         |                          |                              |                              |                       | •                                        |        |
| Date and Place of                       | of Birt.                 | REDAC                        | TED                          | ي ر                   | 10RK                                     |        |
| orcign Born Ci                          | tizens Only - Naturaliza | tion Certificate Number      | <u></u>                      |                       |                                          |        |
| ate of Issuance                         |                          |                              | _ Court                      |                       |                                          |        |
| SWEAR THA                               | T ALL THE ABOVE FA       | ACTS ARE TRUE TO THE         | E BEST OF MY KNO             | OWLEDGE               | APPLICANT'S SIGNATURE                    |        |
|                                         |                          | FC                           | OR OFFICE USE ON             | LY                    |                                          |        |
| AMENIDED I II                           | CENER ADDROVED           | NOT APPROVED [               |                              |                       | COUNTY JUDGE                             |        |
|                                         |                          |                              | PAIL                         |                       | )                                        |        |
| DUPLICATE L                             | ICENSE APPROVED [        | NOT APPROVED                 | CCD                          |                       | (1)                                      |        |
| EXPIRATION I                            | DATE                     |                              | SEP 1                        | 0 2010                |                                          |        |

APPX. 346

Revised: 1/12/2005

HON. ROBERT K. HOLDMAN



Robert P. Astorino Lounty Executive

Depresent the Public Same

Chemical Long top Language Language Properties

August 11, 2010

Honorable Justice
Westchester County Court
111 Dr. Martin Luther King, Jr. Blvd.
White Plains, New York 10601

Re: Pistol License amendment of Johnnie Nance

## REDACTED

Dear Honorable Justice:

The above captioned individual has submitted an application to Westchester County to amend his New York State (NYS) Pistol License to allow the category of FULL CARRY.

The applicant is currently licensed by Westchester County for the purpose of Target Shooting (#104518). This amendment application is for the following:

- 1) Delete Target Shooting.
- 2) Add Full Carry.
- 3) Delete one (1) firearm.
- 4) Add one (1) firearm.

A name based criminal background and related database check through the National Instant Criminal Background check system was conducted. No derogatory information was uncovered. In addition, a query of the files of the NYS Department of Mental Hygiene also revealed no derogatory information.

The applicant submitted notarized documentation attesting that 1) he is a citizen in good standing in the community with many family and social ties, and 2) he is steadily employed and stable and of good moral character, and 3) he has a desire to become involved in competitive shooting at various ranges, and 4) the NRA has offered to partner with his wife to provide all female classes to women, and 5) he would like to use his NRA Instructor Safety Certifications to promote safe gun handling at various locations and having a full carry permit would facilitate these endeavors.

A Nov. Apply State Acceptance for definition and Azerbaica

e Saw M. R. Kwa a Parkent R. A. Gorne S. N. (1974)

Left officials (81) at 864-7700.







W. half and exhibite terror and

Johnnie C. Nance August 11, 2010 Page 2 of 2

It appears that the necessary proper cause for the issuance of a firearm license for the purpose of Full Carry has not been met by the applicant. No safety related concerns have been cited by the applicant in support of the license sought. The applicant's current firearm license would appear to cover the sport target shooting related endeavors that he has cited. The applicant has not demonstrated an exceptional need for self protection distinguishable from that of the general public.

This application is respectfully forwarded with the following recommendations:

The category of Full Carry is recommended for DISAPPROVAL.

The addition of one firearm to license is recommended for APPROVAL.

The deletion of one firearm from license is recommended for APPROVAL.

Sincerely,

DEPARTMENT OF PUBLIC SAFETY Westchester County Police

First Deputy Commissioner

IJŸ/fd

Chief Inspector's Endorsement

August 5, 2010

RE: Pistol License Amendment - <u>TARGET SHOOTING ADD FULL CARRY ADD ONE FIREARM</u>

<u>DELETE ONE FIREARM</u>

Mr. Johnnie Nance, Pistol License #104518

I have reviewed the attached investigative report and the foregoing comments of Sergeant Bruce Bellom and Lieutenant Frank Donovan. I concur with both of their recommendations.

Forwarded to First Deputy Commissioner Joseph J. Yasinski and recommend disapproval of this application amendment to Pistol License #104518 to add the category of FULL CARRY firearm license for the applicant. Recommend approval of the addition of one firearm and deletion of one firearm to the license of the applicant.

Chief Inspector Roger R. Rokicki Chief of Administrative Services

RRR/jw

08/03/2010: Endorsement by Lieutenant Frank J. Donovan of memorandum by Sergeant Bellom dated 08/02/2010 entitled: Pistol License amendment of Johnnie Nance (FC).

The applicant is currently licensed by Westchester County for the purpose of Target Shooting (#104518). This amendment application is for the following:

- 1) Delete Target Shooting.
- 2) Add Full Carry.
- 3) Delete one (1) firearm.
- 4) Add one (1) firearm.

The applicant submitted notarized documentation attesting that 1) he is a citizen in good standing in the community with many family and social ties, and 2) he is steadily employed and stable and of good moral character, and 3) he has a desire to become involved in competitive shooting at various ranges, and 4) the NRA has offered to partner with his wife to provide all female classes to women, and 5) he would like to use his NRA Instructor Safety Certifications to promote safe gun handling at various locations and having a full carry permit would facilitate these endeavors.

It appears that the necessary proper cause for the issuance of a firearm license for the purpose of Full Carry has not been met by the applicant. No safety related concerns have been cited by the applicant in support of the license sought. The applicant's current firearm license would appear to cover the sport target shooting related endeavors that he has cited. The applicant has not demonstrated an exceptional need for self protection distinguishable from that of the general public.

I concur with Sergeant Bellom and recommend the following:

The category of Full Carry is recommended for DISAPPROVAL.

The addition of one firearm to license is recommended for APPROVAL.

The deletion of one firearm from license is recommended for APPROVAL.

Forward to Chief Inspector Roger R. Rokicki.

APPX. 350

#### Case 7:10-cv-05413-CS Document 49-9 Filed 02/23/11 Page 13 of 45



Memorandum Department of Public Safety

DATE:

August 2, 2010

TO:

Lt. Frank Donovan

FROM:

Set. Bruce Bellom #15

RE:

Pistol License amendment of Johnnie Nance

The above captioned individual has submitted an application to Westchester County to amend his New York State (NYS) Pistol License to allow the category of FULL CARRY.

The applicant is currently licensed by Westchester County for the purpose of Target Shooting (#104518). This amendment application is for the following:

- 1) Delete Target Shooting.
- 2) Add Full Carry.
- 3) Delete one (1) firearm.
- 4) Add one (1) firearm.

A name based criminal background and related database check through the National Instant Criminal Background check system was conducted. No derogatory information was uncovered. In addition, a query of the files of the NYS Department of Mental Hygiene also revealed no derogatory information.

The applicant submitted notarized documentation attesting that 1) he is a citizen in good standing in the community with many family and social ties, and 2) he is steadily employed and stable and of good moral character, and 3) he has a desire to become involved in competitive shooting at various ranges, and 4) the NRA has offered to partner with his wife to provide all female classes to women, and 5) he would like to use his NRA Instructor Safety Certifications to promote safe gun handling at various locations and having a full carry permit would facilitate these endeavors.

It appears that the necessary proper cause for the issuance of a firearm license for the purpose of Full Carry has not been met by the applicant. The applicant has not demonstrated an exceptional need for self protection distinguishable from that of the general public.

This application is respectfully forwarded with the following recommendations:

The category of Full Carry is recommended for DISAPPROVAL.

The addition of one firearm to license is recommended for APPROVAL.



APPLICANT INFORMATION:

## WESTCHESTER COUNTY POLICE PISTOL LICENSE UNIT

ATTACHMENT: FULL CARRY

| _ |
|---|
| - |
|   |

Answer all questions fully and in accordance with the guidelines set forth in the Pistol Safety & Information Handbook. This form and attachments must be notarized.

| Last Name: N      | REDACT                                    | ren        | First Nam | REDACTE                              | EDM! C                  |
|-------------------|-------------------------------------------|------------|-----------|--------------------------------------|-------------------------|
| Address:_         | STREET                                    |            | dity      |                                      | ZIP                     |
|                   | which you believe<br>ance of a firearm li |            | -         | plication and which e<br>Full Carry: | establish <u>proper</u> |
|                   |                                           |            |           | e for a restrict                     | tion change             |
| from TA           | RGET to                                   | rull Cx    | ARRY.     |                                      |                         |
| Iama              | citizen in                                | good sto   | anding in | the commun                           | sity with               |
| Many fami         | ily and social                            | ties. I    | am stea   | athe commun                          | and stable.             |
| I am of g         | good moral ch                             | aracter.   |           | · · · · · ·                          |                         |
| My inten          | t to change                               | restrict   | tion is d | veto my desi                         | re to become            |
| involved in Co    | empetitive sl                             | nooting at | - Various | range locati                         | ons. Also,              |
|                   |                                           |            |           | ny wife to prov                      |                         |
| <u>Classes</u> to | women. It                                 | - is my    | intent:   | on to co-inst                        | -ruct these             |
| classes.I         | would like 4                              | to use m   | y NRA     | Instructor Sa                        | fety                    |
|                   |                                           |            |           | lling at various                     |                         |
|                   |                                           |            | _         | itate these e                        |                         |
| Thanking 4        | you in advanc                             | e for yo   | our consi | deration.                            |                         |

WCPD-126H (02-02-2007)

Page 1 of 2 Pages

| , <u></u>                                  |                                                | · · · · · · · · · · · · · · · · · · · |                                                                                                 |             |
|--------------------------------------------|------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------|-------------|
|                                            |                                                |                                       |                                                                                                 |             |
|                                            |                                                |                                       |                                                                                                 |             |
|                                            |                                                | - <u></u>                             |                                                                                                 |             |
|                                            |                                                |                                       |                                                                                                 |             |
|                                            |                                                |                                       |                                                                                                 |             |
|                                            |                                                |                                       |                                                                                                 |             |
|                                            |                                                |                                       |                                                                                                 |             |
|                                            |                                                |                                       |                                                                                                 |             |
|                                            |                                                |                                       | <del></del>                                                                                     |             |
|                                            | <u>,                                      </u> |                                       |                                                                                                 |             |
|                                            |                                                |                                       | · · · · · · · · · · · · · · · · · · ·                                                           |             |
|                                            |                                                |                                       |                                                                                                 |             |
|                                            | <u> </u>                                       |                                       |                                                                                                 | <del></del> |
|                                            |                                                |                                       |                                                                                                 |             |
|                                            |                                                |                                       |                                                                                                 |             |
| i                                          |                                                | <u> </u>                              |                                                                                                 |             |
| APPLICANT NAME (PRINT)                     | · .                                            | APPLI                                 | CANT NAME (SIGNATURE)                                                                           |             |
| STATE OF NEW YORK<br>COUNTY OF WESTCHESTER | . )                                            |                                       |                                                                                                 |             |
| SUBSCRIBED AND SWORN TO B                  | EFORE ME THIS                                  | 3. DAY (                              | OF JUNE YEAR 2                                                                                  | CIC         |
|                                            | *                                              | SIGNATURE O                           | Muceus ( Lil III) F NOTARY PUBLIC                                                               | , UC        |
|                                            | •                                              | Notary<br>Qualifis                    | E MARINA WASHBURN<br>Public, 3117e of New York<br>No. 0417A6352549<br>d in Vyss on ester County |             |
| UCBD 136H (02 02 2007)                     | Page                                           | 2 of 2 Pages                          | 2.010 Expires Dec. 18, 2058                                                                     |             |

WCPD-126H (02-02-2007)

Page 2 of 2 Pages

#### Case 7:10-cv-05413-CS Document 49-9 Filed 02/23/11 Page 16 of 45



#### **Used Firearm Purchase Agreement Customer Copy**

GM#250 - Wallkill FFL# 6-14-00588 100 N. Galleria Dr.

Middle Town, NY 10941 (845) 692-5600

Entered Date: 06/29/2010

Printed Date: 06/29/2010 12:29 pm

Customer Information:

Name:

anna I marcucci

Address:

City:

State:

westchester

Phone:

REDACTE TOTOL County:

REDACTE Lic.

Firearm Information:

UPC:

499925041272

Manufacturer: Smith & Wesson

Model:

Cal/Gauge:

9mm Luger

Grade:

Good

910S

Barrel Length:

3-3/4in FS

Serial Number: tfr9124

Cost:

\$225.00

Department:

**Used Firearms** 

Class:

Handguns

Subclass:

Semi-Auto Pistol

GANDER MOUNTAIN #250 (845)692-5600 Mon-Sat 9am-9pm Sundays 10am-6pm

SERIAL NUMBER tfr9124

PAID OUT

SED GUN PAID OUT

\$225.00

OTAL

.

\$225.00-

ASH

\$225.00-

CUSTOMER COPY

JT.Des.

-29-2010 12:32:20 0250 45 531411 1280

Case 7:10-cv-05413-CS Document 49-9

Serial Number

Firearm

LA

CU

Serial Number Filed 02/23/11 Page 17 of 45 GANDER MOUNTAIN #250 (845)892-5600 Mon-Sat 9am-9pm New/Used?: Serial Number: Description: Sundays 10am-6pm Firearm Information LAYAWAY SALE LAYAWAY NUMBER 10011499 CUSTOMER NAME: Anna Marcucci-Nance PHONE: 6.5" heritage rough New G37997 727962500316 **ADDRESS** CITY: STATE: ZIP: ROUGH RIDER: 22 WIN MAG: 6-1/2IN FS: RIGHT: 727962500316 199.99 TC GM#250 - Wallkill FFL# 6-14-00588 SERIAL NUMBER G37997 SUBTOTAL \$199.99 INQUIRY DETAIL REPORT New York State Tax \$8.00 CNTY TAX 4.125% \$8.25 LAYAWAY SALE TOTAL \$216.24 LAYAWAY DEPOSIT \$216.24 TOTAL Type: Caliber/Gauge: Model: \$218.24 Manuf/Importer: CASH \$220.00 CHANGE \$3.76 BALANCE DUE \$0.00 All items on Layaway will be held for 90 days. If the items heritage rough rider Revolver .22 caliber are not picked up within 90 days, the items will be returned to stock. A \$25.00 restocking fee will be charged for all cancelled layaways. í CUSTOMER COPY ITEMS 1 Robert H 06-29-2010 12:45:58 0250 26 525287 2021

3 Ways To Shop In Store, Online and Catalog! Printed: 06/30/2010

## INQUIRY DETAIL REPORT GM#250 - Wallkill FFL# 6-14-00588

Page: 1

| Firearm Information                                  |                                                    |                                                      | Current                                     |   |
|------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|---------------------------------------------|---|
| Serial Number:<br>UPC:<br>Description:<br>New/Used?: | tfr9124<br>499925041:?72<br>two mags total<br>Used | Manuf/Importer:<br>Model:<br>Caliber/Gauge:<br>Type: | smith &wesson 6946<br>6946<br>9mm<br>Pistol |   |
| Acquisition                                          | Information                                        | Acq From:                                            |                                             | 7 |
|                                                      | /2010<br>11, JT DESIMONE                           | REDA                                                 | ACTED                                       |   |
| <br>Disposition                                      | Information                                        | Transfer/Sold To:                                    |                                             |   |
| Date:<br>Assoc.:                                     |                                                    | <i>y</i>                                             |                                             |   |
| Coate                                                | Dośnii.                                            |                                                      |                                             |   |



June 16, 2010

Dear NRA Certified Instructor,

Perhaps you've seen it, too – a dramatic rise in the demand for NRA classes for women. It's true that there has never been a greater need for firearms training for women. Often, the request for information on such classes is accompanied by the comment, "I'd like to take a class taught by a woman."

Women who seek firearms instruction often encounter obstacles. Some are discouraged because of stereotypical gender roles, and others mistakenly believe that they do not have a place in a field that is dominated by men. With that in mind, the NRA is asking you to reach out to the women in your community. Consider offering women-only classes, or hosting successful programs such as Women On Target® Instructional Shooting Clinics or Refuse To Be A Victim® Seminars. Let us show you how to incorporate these programs into your NRA Education and Training modules. You'll not only build a whole new market for firearms training, but you'll be making your community a safer place, too.

We'll showcase your accomplishments in a variety of ways, including various NRA magazines. If you'll send us photos of yourself teaching other women, we'd like to use those to show other women what is available to them. Also, if you schedule a Women On Target® Instructional Shooting Clinic or a Refuse To Be A Victim® Seminar, NRA Media Relations Division can help promote your efforts by issuing media releases on your behalf. NRA Women's Programs will post clinics and seminars on its website at <a href="https://www.nrawomen.org">www.nrawomen.org</a> and through various social networking sites, too. We'll help you every step of the way.

Can we count on you to be a part of a new initiative to help women become shooters, and to help women learn about other NRA Women's Programs? A simple yes or no answer is all we need. Please email us at <a href="mailto:instructorupdate@nrahq.org">instructorupdate@nrahq.org</a>, and we'll be in touch.

Kindest regards,

Elizabeth D. Hellmann

NRA Women's Programs

Encl.: FID Brochure

Westchester gov.com

|                                                                             | - 3 <del>2</del> | OFFICE                                  | USE ONLY                                        |            |
|-----------------------------------------------------------------------------|------------------|-----------------------------------------|-------------------------------------------------|------------|
|                                                                             |                  | CASE #:                                 | 15-594/ 35                                      | - 0164     |
|                                                                             |                  | DETECT                                  | 10-574/05<br>TVE:                               |            |
|                                                                             |                  |                                         |                                                 | - <b>-</b> |
|                                                                             |                  |                                         |                                                 |            |
|                                                                             |                  |                                         |                                                 |            |
| Date:                                                                       |                  |                                         |                                                 |            |
| State of New York                                                           |                  |                                         |                                                 | •          |
| Department of Mental Hygiene                                                |                  |                                         |                                                 |            |
| 44 Holland Avenue<br>Albany, New York 12229                                 |                  | 5                                       | 000 dig 1                                       |            |
| Day Application for Eirogr                                                  | m l iconos       |                                         |                                                 |            |
| Re: Application for Firearr                                                 | ii Licelise      |                                         |                                                 |            |
| Dear Sir or Madam:                                                          |                  |                                         |                                                 |            |
|                                                                             |                  |                                         |                                                 | 60.5       |
| It is hereby requested that you conduct person, in accordance with New York |                  |                                         |                                                 |            |
| agency in writing, as soon as possible                                      |                  | , ,                                     | , , , , , , , , , , , , , , , , , , , ,         |            |
| APPLICANT: PLEASE COMPLETE                                                  | THE BELOW LIST   | ED INFORMATION                          | ,                                               |            |
| 25                                                                          |                  |                                         |                                                 |            |
| Name (Last): 10 Can C.C.                                                    |                  |                                         |                                                 | •          |
| Alias/ Maiden Nar                                                           |                  | Date of Birth:                          | REDAC                                           | TEL        |
| Allas, Margell Margal 12AC                                                  | HE               |                                         |                                                 |            |
| Address:                                                                    | CITY             | STATE                                   | DACTED                                          |            |
|                                                                             |                  | TEN of Birth:                           |                                                 |            |
| Sex: (1) Social Security. #:                                                | 16DAO            | • • • of Birth:                         | 10/0                                            |            |
| 2.000                                                                       |                  |                                         |                                                 |            |
| Sincerely,                                                                  | April 1          |                                         |                                                 |            |
| DEPARTMENT OF PUBLIC SAFETY                                                 |                  |                                         |                                                 |            |
| Westchester County Police                                                   | to an entropy of | 2 march 1 may 1                         | tuga ti kata <sup>ta</sup> ti.                  |            |
| Day to                                                                      |                  |                                         |                                                 |            |
| George N. Longworth                                                         |                  |                                         |                                                 |            |
| Commissioner/ Sheriff                                                       | •                | • • • • • • • • • • • • • • • • • • • • | auch am gur <b>esenha</b> in upon de lacus e l' |            |

MEDITERSTER CLORTY CLERK

PONDSBERGHEDT PAST LABUTAN PER DET BBEDTREW

WESTCHESTER COUNTY TIMOTHY C. IDONI Westchester County Clerk

Bring or mail to: W

03/10/2009

Pi 43 FEN 010, 000 ann

11

TOTAL + 928.00 Awr. entenn

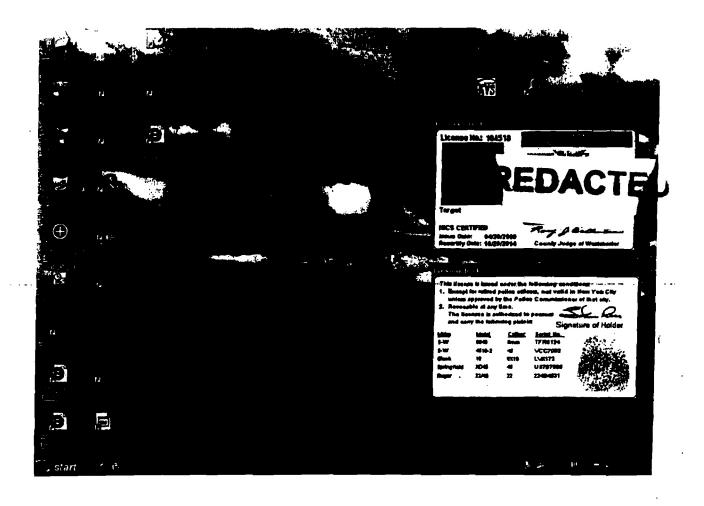
1 FTM-CT

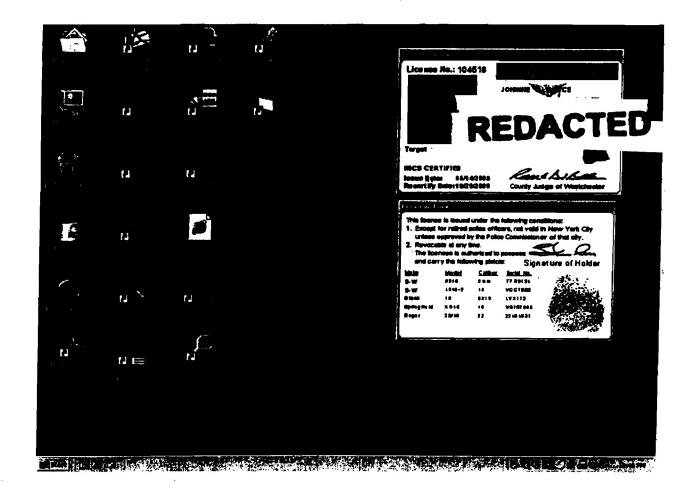
#### PISTOL LICENSE RECERTIFICATION

| ORIGINAL LICENSE # .                                                                                                               |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 104518                                                                                                                             |                                                         |
| INSTRUCTIONS: Complete form and submit in DUPLICATE Clerk's Office with \$10.00 Certification Fee                                  |                                                         |
| 1. NAME: Johnnie C. Alanes DATE C.  2. ADDRESS: REDACTED                                                                           | REDACTED REDACTED                                       |
|                                                                                                                                    | STATE: N.S. REDACTEL                                    |
| 4. PHONE NUMBER HOME: PHONE NUMBE                                                                                                  | ER WORK: Z                                              |
| 5. LIST OF <u>5</u> WEAPON(S) ON OPPOSITE SIDE IS COMPLETE                                                                         | E AND ACCURATE                                          |
|                                                                                                                                    |                                                         |
| Lice                                                                                                                               | nse Holder's Signature                                  |
| Sworn to before me this day of                                                                                                     | ARCH , 2009                                             |
| MARY FERENCI Notary Public, State of New York No. 04FE6126306 Qualified in Westchester County Commission Expires May 2, 2009 Notar | Mary Ference                                            |
| FOR OFFICE USE ONLY                                                                                                                |                                                         |
| RECERTIFICATION LICENSE APPROVED NOT APPROVED RECERTIFICATION DATE                                                                 | DATE COUNTY JUDGE                                       |
| Levised: 1/19/2007                                                                                                                 | HON. RORY J. BELLANTONI<br>ACTING JUSTICE SUPREME COURT |

6. THE FOLLOWING WEAPON(S) ARE IN MY POSSESSION: (ATTACH ADDITIONAL SHEETS AS NECESSARY):

| MAKE        | REV/AUTO | MODEL   | CALIBER | SERIAL # |
|-------------|----------|---------|---------|----------|
| 5-W         | Auto     | 6946    | 9mm     | TFR 9134 |
| 3-W         | Auto     | 4576-2  | 45      | VCC 7002 |
| Glock       | Auto     | 19      | 9×19    | LVX172   |
| Springfield | Anto     | XD 45   | 45      | US707965 |
| Rugua       | Auto     | 22/45   | 22      | 22464831 |
|             |          |         |         |          |
|             |          |         |         |          |
|             |          | ·       |         |          |
|             |          |         | ·       |          |
|             |          |         |         |          |
|             |          |         |         |          |
|             |          |         |         |          |
|             |          | <u></u> |         |          |







#### APPLICATION FOR AMENDED OR DUPLIC

| 104                 | 5182                                    |                    |                                  | İ                             |                                       |                                       |
|---------------------|-----------------------------------------|--------------------|----------------------------------|-------------------------------|---------------------------------------|---------------------------------------|
|                     | L LICENSE #                             |                    |                                  |                               |                                       |                                       |
| NSTRUCTION          | NS: Complete form and                   |                    |                                  | County Clerk's Office a       | •                                     |                                       |
| NAME:               | nie C. NANER                            | RE                 | DAC                              | IEU K                         | EUAV                                  | IED                                   |
| AGR:<br>49          | неюнт:<br>6′/"                          | WEIGHT:            |                                  | NOTE: Check box if pure       | hase order is needed                  | 0                                     |
|                     |                                         | CIRCLE A           | PPROPRIATE                       | TRANSACTION                   | <u>s</u>                              |                                       |
| ESIDENCE C          | HANGE DISPO                             | SED ACQUIRE        | D NAME C                         | HANGE RESTRIC                 | TION CHANGE                           | TRANSFER                              |
| UPLICATE            | SURRENDERED                             | SUSPENDED          | REVOKED                          | DECEASED                      | OTHER                                 |                                       |
|                     | L TO AME                                | ND LICENSE CO      | MPLETE I TI                      | ROUGH 7 WHER                  | E APPROPRIA                           | TE                                    |
|                     |                                         |                    |                                  |                               |                                       |                                       |
| NAME                |                                         | PHONE              | #'s: HOME                        | v                             | VORK                                  |                                       |
|                     | <u> </u>                                |                    | <u> </u>                         |                               | · · · · · · · · · · · · · · · · · · · | _ <del>_</del>                        |
|                     |                                         |                    |                                  | GANDER T                      |                                       |                                       |
| ADDRESS _           | 100 N. G                                | Meais Drive        | Middlet                          | nwe NY                        | 10941                                 |                                       |
| LICENSE #/D         | EALER LICENSE 1/S                       | HELD# 6-14.        | -00588                           | IF MC                         | ORE THAN ONE SE                       | LLER, CHECK THIS                      |
| BOX A               | ND FILL OUT BOX 7                       | ON THE BACK OF T   | IIS FORM.                        |                               |                                       |                                       |
| (AKE                | REV/AUTO                                | MODEL              | CALIBER                          | SERIAL #                      |                                       |                                       |
| flock<br>myfilk den | Auto                                    | x 545              | 45ACP                            | US 401965-<br>224-64831       |                                       |                                       |
| Rugge<br>THE POLLOV | VING WEAPON (S) HA                      |                    |                                  | 1 091 04831                   |                                       | · · · · · · · · · · · · · · · · · · · |
| ADDRESS             |                                         |                    |                                  |                               |                                       |                                       |
| LICENSE MO          | EALER LICENSE WSH                       | ED#                |                                  | IF MO                         | RE THAN ONE BUT                       | YER, CHECK THIS                       |
|                     | ND FILL OUT BOX 7                       |                    |                                  |                               |                                       |                                       |
|                     | REV/AUTO                                |                    | CALIBER                          | SERIAL #                      | <del></del>                           |                                       |
| TAGE                | ALVIA010                                |                    |                                  |                               |                                       |                                       |
|                     | NG WEAPON (S) HAY                       | /E PEEN: /CIPCLE O | NE) LO                           | ST STOLEN                     | DESTRO                                | OVED                                  |
|                     |                                         |                    | NE) LO                           | 31 3101214                    | DESTRU                                | ) (ED                                 |
|                     | EMENT AGENCY REI                        |                    |                                  |                               |                                       |                                       |
| JKE +               | REV/AUTO                                | MODEL              | CALIBER                          | SERIAL #                      |                                       |                                       |
|                     |                                         |                    |                                  | 1 .                           |                                       |                                       |
| MEND LICEN          | SE TO: (CIRCLE ONE                      | ADD                | DELL                             | ETE ARE                       | STRICTION                             |                                       |
| AMENDMEN            | IT IS EMPLOYMENT I<br>ING THAT THE REST | RELATED, STATE TH  | E FOLLOWING: (I<br>ENSE BE CHANG | FOR A BUSINESS, EMP<br>ED TO: | LOYMENT, OR FUI                       | L CARRY)                              |
| ME:                 |                                         | STREET:            |                                  | CITY/VILLAGE/T                | OWN:                                  |                                       |

| 7. NAMES AND A                                                   | DDRESS' OF BU        | YERS AND/OR SELLE           | RS (IDENTIFY IF E<br>ADDRES: |                            | ELLER) WEAPON SERIAL #                                 |
|------------------------------------------------------------------|----------------------|-----------------------------|------------------------------|----------------------------|--------------------------------------------------------|
|                                                                  |                      |                             |                              |                            |                                                        |
|                                                                  |                      |                             |                              |                            |                                                        |
| (A separate list of b                                            |                      |                             |                              |                            | more than 4 buyers/scilers.)  APLETE AFFIDAVIT         |
| STATE OF NEW YOUNTY OF WEST                                      | ORK<br>TCHESTER      | } s.s.                      |                              |                            |                                                        |
| Full Name                                                        |                      |                             |                              |                            |                                                        |
| Present Occupation                                               |                      | <u> </u>                    |                              |                            |                                                        |
| Name and Address o                                               | of Employer          |                             |                              | •                          |                                                        |
| Serial number of lost                                            | license              |                             |                              |                            | _ Date of Issuance                                     |
|                                                                  |                      | which permit was lost:      |                              |                            | -                                                      |
| <u>.</u>                                                         |                      |                             |                              |                            |                                                        |
|                                                                  |                      | 7                           |                              |                            |                                                        |
| tatement of WESDOG                                               | (a) now in applica   | nt's possession, which ar   | re to be registered on       | license:                   |                                                        |
|                                                                  | EV/AUTO              | MODEL                       | CALIBER                      | SERIAL                     |                                                        |
|                                                                  |                      |                             | WILL I                       |                            |                                                        |
| 1                                                                |                      |                             |                              |                            |                                                        |
| •                                                                | •                    | ed in triplicate on plain w |                              |                            |                                                        |
| worn to before me t                                              | his day              | of                          | , 19                         | <del>·</del> . <del></del> | Applicant's Signature                                  |
|                                                                  | i .                  |                             |                              |                            |                                                        |
|                                                                  |                      | Notar                       | y Public                     |                            |                                                        |
|                                                                  |                      | IIL TO BE CON               | PLETED BY                    | ALL APPL                   | <u>ICANTS</u>                                          |
| ave you been arresto<br>med? (CIRCLE O<br>yes, give details belo | ONE) YES (A)         | on a patient at any menti   | al institution, or had       | an order of pro            | stection issued against you since the last license was |
|                                                                  | DE                   | DACTE                       | n R                          | FNA                        | CTED                                                   |
| te and Place of Birth                                            | NE                   | DAOIL                       |                              |                            | .0.25                                                  |
| reign Born Citizens (                                            | Only - Naturalizatio | n Certificate Number        |                              |                            | <u> </u>                                               |
| te of issuance                                                   |                      |                             | Court                        |                            |                                                        |
| WEAR THAT ALL                                                    | THE ABOVE FAC        | TS ARE TRUE TO THE          | BEST OF MY KN                | OWLEDGE _                  | APPLICANT'S SIGNATURE                                  |
|                                                                  |                      | FO                          | R OFFICE USE ON              | LY                         |                                                        |
| MENDED I KCENSE                                                  | APPROVED D           | NOT APPROVED                | DATE                         |                            | COUNTY JUDGE                                           |
|                                                                  |                      |                             | Jel, 1                       | 108                        | P NPM                                                  |
|                                                                  | APPROVED L           | NOT APPROVED [              | 121,4                        |                            | Model / b'sells                                        |
| PIRATION DATE_                                                   |                      |                             |                              |                            | HON. ROBERT M. DIBELLA                                 |
| ised: 1/12/2005                                                  |                      |                             |                              |                            | ACTING SUPREME COURT JUSTIC                            |

APPX. 364

Printed: 04/30/2008

## INQUIRY DETAIL REPORT GM#250 - Wallkill FFL# 6-14-00588

Page: 1

Firearm Information

Serial Number:

LVX172

764503195020

Description: New/Used?:

4" New Manuf/Importer: Glock

19

Model: Caliber/Gauge:

9X19

Type: .

**Pistol** 

**Acquisition Information** 

Date:

UPC:

03/05/2008

Assoc.:

525205, patty c

Acq From:

GM#1 - CRW Lebanon FFL# 4-35-01430

700 South Council Drive

Lebanon, IN 46052

Disposition Information

Date:

Assoc.:

Cost:

Retail:

Transfer/Sold To:

LAYAWAY - # 10007449

Printed: 04/30/2008

#### INQUIRY DETAIL REPORT GM#250 - Wallkill FFL# 6-14-00588

Page: 1

Firearm Information

Serial Number:

US707965

UPC:

706397866136

Description:

S4"

New/Used?:

New

Manuf/Importer: Springfield Armory u.s.a

Model:

XD-45

Caliber/Gauge:

.45 ACP

Type:

Pistol

**Acquisition Information** 

Date:

01/24/2008

Assoc.:

525205, patty c

Acq From:

GM#1 - CRW Lebanon FFL# 4-35-01430

700 South Council Drive

Lebanon, IN 46052

Disposition Information

Date:

Assoc.:

Cost:

Retail:

Transfer/Sold To:

LAYAWAY - # 10007449

Jie bola

Printed: 04/30/2008

## INQUIRY DETAIL REPORT GM#250 - Wallkill FFL# 6-14-00588

Page: 1

Firearm Information

Serial Number:

224-64831

UPC:

499925026125

Description:

New/Used?: Used

Current

Manuf/Importer: Ruger

Model:

22/45

Caliber/Gauge:

.22 caliber

Type:

Pistol

**Acquisition Information** 

Date:

04/07/2008

Assoc.:

525224, Gary Pawliczak

Acq From:

REDACTED

**Disposition Information** 

Date:

Assoc.:

Cost:

Retail:

Transfer/Sold To:

LAYAWAY - # 10007451

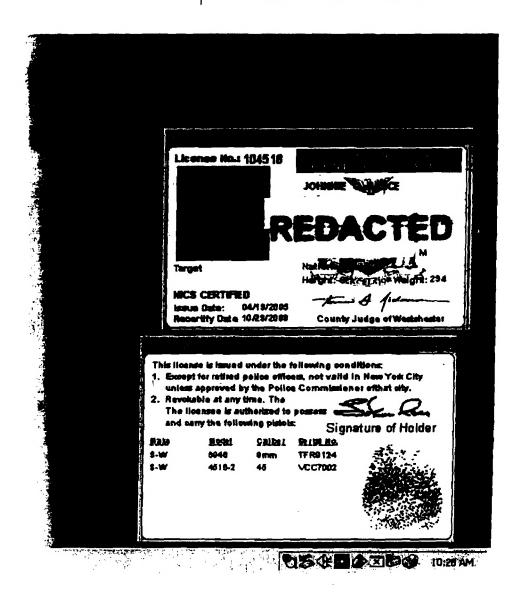
### Case 7:10-cv-05413-CS Document 49-9 Filed 02/23/11 Page 30 of 45

EL FORAL ERAPTON / PARTPONE)
MESTORES PER COLUMN MA DELLINIAS e e esp NOTAL CONTRACTOR

1 1 Pm - CT

GORP - 10:32:15 AM

海土區 内膜





Andrew J. Spano County Executive

Department of Public Safety
Thomas Belfiore
Commissioner/Sheriff
April 11, 2005

Honorable Justice Westchester County Court White Plains, NY 10601

RESERVACTED REDACTED

Dear Honorable Justice:

The above captioned individual has submitted an application to this department for a New York State Pistol Permit:

### TARGET SHOOTING

A search of the files of the Division of Criminal Justice Services in Albany reveals no derogatory information.

A search of the files of the New York State Department of Mental Hygiene reveals no derogatory information.

Letters from each of the four character references attesting to the good moral character and reputation of the applicant are on file.

The applicant is a citizen of the United States by virtue of birth as evidenced by a copy of the applicant's birth certificate.

There are no means available to this Office to further verify statements made on the application.

Application is hereby forwarded with whatever action you deem appropriate.

Should you require any additional information regarding our investigation of this applicant, please contact the Pistol Permit Unit at (914) 995-2709.

Sincerely,

Thomas Belfior Commissioner Sherff

-- 431 / 6

TB/db/cf attachments

A New York State Accredited Law Enforcement Agency

Saw Mill River Parkway Hawthorne, New York 10532 March 4, 2005 Telephone: (914)864-7700 Website: westchestergov.com



CORP - CAMPBERTIS SOF

3. 《节用·42》



### 



Andrew J. Spano County Executive

Department of Public Safety

Thomas Beltiore Commissioner/Sheriff DATE: 3/6/5

OFFICE USE ONLY

CASE #: 05 20

DET: ī

State of New York
Department of Mental Hygiene
44 Holland Avenue
Albany, New York 12229

Re: Applicant for a New York State Pistol License

Dear Sir:

It is hereby requested that you check your records against the name of the following, in compliance with the New York State Penal Law, Subdivision 4, Section 400.00:

### PLEASE FILL IN INFORMATION:

| Name: Johnaie                  | Nance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Aliases and/or Maiden Name:    | PACTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ( ,,                                                                                                           |
| Address:                       | DACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | REDACTED                                                                                                       |
| Date of Birth:                 | EDACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |
| Place of Birth:                | DACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |
| Sex: FIALE                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| Your cooperation is greatly ap | ppreciated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |
| Very truly yours,              | grade Complete Control of Control |                                                                                                                |
| Thomas Belli                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ernernen aus der Stellen im der Geleiche die Stellen der Gereich und der der Stellen der Gereich und der der d |
| Thomas Belfiore                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECORD OF HOSPITALIZATION WEST LINEE 1965. IF SEARCH                                                           |
| Commissioner/Sheriff           | PRIOR TO 1983                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | THE SEARCH PLEASE SURMIT                                                                                       |

A New York State Accredited Law Enforcement Agency

Saw Mill River Parkway Hawthorne, New York 10532

Telephone: (914)864-7700 Website westchestergov.com



Memorandum Department of Public Safety

### PISTOL LICENSE APPLICATION QUESTIONNAIRE

|              | ANSWER ALL QUESTIONS FULLY: ATTACH SEPARATE SHEETS IF NECESSARY                                                                                          |             |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|              | ADDRES! REDACTED REDACTED                                                                                                                                | Sec. 1      |
|              | HEIGHT: 6. 1 - D.O.BREDACTE PLACE OF BIRTH                                                                                                               | <del></del> |
|              | 1) CTTIZEN BY BIRTH NATURALIZED CITIZEN - NATURALIZATION NUMBER RESIDENT ALIEN ALIEN REGISTRATION NO.                                                    | _           |
|              | 2) MARITAL STATUS: IF FEMALE, MAIDEN NAMESINGLE DIVORCED NUMBER OF CHILDREN AT HOME                                                                      |             |
|              | REDACTED REDACTED  3a) PHONE NUMBER (H) (W)                                                                                                              |             |
|              | 4) LIST ALL PLACES OF EMPLOYMENT FOR THE PAST FIVE YEARS:                                                                                                | <u> </u>    |
| Make<br>Make | Smith twoson - model 4516-Second# VCC 7002 Cal 45AC                                                                                                      |             |
|              | 6) HOW AND WHERE WILL PISTOLS BE SAFEGUARDED WHEN NOT IN USE:                                                                                            |             |
|              | 7) GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THE PERSON WHO WILL SAFEGUARD THE PISTOL (S) IN THE EVENT OF YOUR DEATH OR DISABILITY:  REDACTED  REDACTED |             |
|              | 8) LIST THE NEAREST RELATIVES NOT LIVING WITH YOU:                                                                                                       | _<br>D      |
|              | 2) NAME PATRICIA PHONE NO. ADDRE REDACTEL PHONE NO. REDACTEL  REDACTE  REDACTEL  PHONE NO. REDACTEL                                                      |             |
|              |                                                                                                                                                          |             |

### DEPARTMENT OF PUBLIC SAFETY WESTCHESTER COUNTY POLICE

### PISTOL LICENSE UNIT

### PISTOL LICENSE APPLICATION SUPPLEMENT

INSTRUCTIONS: Read each question carefully and answer each question in black link. Place a check mark in the box which represents your response. You MUST have this form NOTARIZED.

| ٦,    | Do Voi             | , ha       | ve, or have you ever h            | ad. an Order     | of Protecti          | on issued a          | gainst you?   |
|-------|--------------------|------------|-----------------------------------|------------------|----------------------|----------------------|---------------|
| - /   | 20 300             | • • • •    |                                   |                  |                      |                      |               |
|       |                    |            |                                   |                  |                      | TESU                 | NO D          |
| 7)    | Do you             | ha         | ve, or have you ever h            | ad, an Order     | of Protecti          | on issued by         | y you against |
|       | a memb             | er         | of your household or a            | ny family me     | mber?                |                      |               |
|       |                    |            |                                   |                  |                      | YES []               | NO 🖸          |
|       |                    |            |                                   |                  |                      |                      | •             |
| 31    | Do you             | ha         | ve, or have you ever h            | ad, an Order     | of Protection        | on issued by         | y you against |
|       | a pers             | on c       | ther than a member of             | your househ      | old or family        | y?                   |               |
|       | -                  |            |                                   |                  | •                    | YES D                | NO Ø          |
|       |                    |            |                                   |                  |                      |                      |               |
| . N   | ote: I             | f you      | have checked YES to que           | estion one (1)   | , you MUST at        | tach a signe         | d and         |
| not   | arized .           | lette      | er explaining your answer         | and Tuctnds      | the rollowing        | iniormation:         |               |
|       |                    | A.         | The court of issuance             |                  |                      |                      |               |
|       |                    | B.         | The date of issuance              |                  | j                    |                      |               |
|       |                    | Č.         | Complainant's name                |                  |                      |                      |               |
|       |                    | D.         | Complainant's address             |                  |                      |                      |               |
|       |                    | E.         | Complainant's telephone           | number           | 1.19                 |                      |               |
|       |                    | F.         | Complainant's relations           | hip to you       |                      | •                    |               |
|       |                    | G.         | Reason for issuance of            | Order of Prot    | ection               |                      |               |
| 1     |                    |            | checked YES to either q           | meetion two      | 71 00: 0000010       | - +hree: /31.        | TRIM UNI      |
| - N   | te: II             | Aon        | and notarized letter ex           | plaining wour    | The deserted         | clude the fo         | llowing       |
| EEL   | ich a si           | gneo       | SUG DOCESTIAG TACCEL EX           | brerittid logi   | ansagt wing Ti       |                      | y             |
| info  | smation.           |            |                                   |                  |                      |                      |               |
|       |                    | <b>A</b> . | The court of issuance             |                  |                      |                      |               |
|       |                    | R.         | The date of issuance              |                  |                      | 1                    |               |
|       |                    | c.         | Respondent's name                 | 1                |                      |                      |               |
|       |                    | D.         | Respondent's address              |                  |                      |                      |               |
|       |                    | F.         | Respondent's telephone            | number           |                      |                      |               |
|       |                    | F.         | Bespondent's relationship         | ip to you        |                      |                      |               |
|       |                    | G.         | Reason for issuance of            | order of Prote   | ection               |                      |               |
|       |                    |            |                                   |                  |                      |                      |               |
| 44-   |                    | ed 45      | plicant, being duly sworn, depose | s and says under | penalty of perjury t | that all of the afor | rementioned   |
| , une | Billion and street | e to ti    | ne best of my knowledge.          |                  |                      |                      |               |
| N244  | SIZ WE UP          |            |                                   |                  |                      |                      |               |
|       | <b></b> .          |            |                                   |                  |                      |                      |               |
| (     | (                  |            | (                                 |                  | •                    |                      |               |
|       | . 20-              |            | · Costerer                        |                  |                      |                      |               |
| 100   | ature              | of A       | pplicant                          |                  |                      |                      |               |
| 19.   | 18 car             |            | • •                               |                  |                      |                      |               |
|       |                    |            |                                   |                  |                      |                      |               |
|       |                    |            |                                   | •                |                      |                      |               |
|       | <b>\</b>           |            |                                   |                  |                      |                      |               |
| TAT   | TE OF NE           | W YC       | KK CONTRACTOR                     |                  |                      |                      | 1             |
| יונסי | NTY OF             | 1.22       | ELIVE ISE,                        |                  | 1                    |                      |               |
| .00   |                    | <u> </u>   | 14                                |                  | 1                    |                      |               |
| w-    | n to befo          | re me      | this day                          |                  | }                    | 4.                   | 73676         |
| ,     | 1                  |            | 457                               |                  |                      |                      | 5.6           |
| 1     | , ,                |            |                                   | _40              | l .                  | ے۔ر                  | 56            |

APPX. 372

Notary Public, State of New York

Affix Seal Above

### WALTON A. WALLACE, JR.

### REDACTED

NRA CERT. # 18534852

To Whom It Might Concern,

This Letter is to Certify that the below named Student has successfully completed the NRA BASIC PISTOL SAFETY COURSE as follows:

Lesson I: Pistol Knowledge and Sase Gun Handling.

Lesson II: Ammunition Knowledge and The Fundamentals of Pistol Shooting.

Lesson IV: Two Handed and One Handed Standing Shooting Positions.

Lesson V: Pistol Sports Activities.

In Addition: Care, Cleaning and the Proper Storage of Firearms, specifically

pistols, have been explained.

Lesson III: Deals with the Actual Shooting of the Pistol.

Since New York State Law does not permit a student to handle a Firearm until their license has been approved a follow up lesson is provided. When the Student has obtained His / Her Permit, they will

return for Proper Instruction on the Firing Range.

DATE OF COURSE: 4/18/04 / 4/25/04

COURSE REFERENCE MATERIAL: THE BASICS OF PISTOL SHOOTING

Published by The NRA
WALTON A MANAGE T.

Waster a Wall an In

# **ASSOCIATION OF AMERICA** THE NATIONAL RIFLE

Awards this certificate to

JOHNNIE NAWE

for successful completion of the

NRA BASIC PISTOL COURSE

the G. Walker Ir NRA Certified Instructor

### Case 7:10-cv-05413-CS Document 49-9 Filed 02/23/11 Page 40 of 45

| · F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INSTRUL 3: Prin                                | it or type in black int |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------|
| NYSID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PS-3 REV. 5/00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | COUNTY OF ISSUE                                | 3.10.                   |
| LICENSE NUMBER 104518                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STATE OF NEW YORK PISTOL/REVOLVER LICENSE APPLICATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ON WEST 17                                     | 15th                    |
| OF ISSUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , io, oct in the tree at the t | STAD MOITARIGKS                                | 11/1/24                 |
| NANER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TOTALNA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | i B                                            |                         |
| The state of the s | (1 to 1 to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>B</b> • • • • • • • • • • • • • • • • • • • | 7                       |
| U THE WAR BLACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 151 Bur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Slace de                                       | 2 185 6                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ans portation Busines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                         |
| I HEREBY APPLY FOR A PISTOL/REVOLVER L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CENSE TO: (Check one only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                | PUSSESS UN PHEME        |
| POSSESS/CARRY DURING EMPLOYMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (* Premise address or place of employ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ment must be provided                          | )                       |
| STREET ADDRESS OR OTHER LOCATION A LICENSE IS REQUIRED FOR THE FOLLOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CITY, VILLAGE, TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | ZIP CODE                |
| T LOCIOSE IS REGISTED FOR THE FOLLOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TARGET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - <del></del>                                  |                         |
| GIVE FOUR CHARACTER REFERENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ساوات فالسنان والمساوات والنبار والمساوات والمساوات والمساوات                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TO YOUR GOOD MO                                | RAL CHARACTER           |
| Harryore Richard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | REU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ACTED A                                        | ichard Hara             |
| Hargeore Shirley                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | REDACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , , , , , , , , , , , , , , , , , , ,          | thuly Harge             |
| HURUS EDWARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ACTED                                          | Muad B Herry            |
| HAVE YOU EVER BEEN ARRESTED OR INDICT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D ANIVACHEDE EOD ANY OFFENSE JACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ACIED                                          | PASSIC INSPACTIONS      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FOLLOWING INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OUNG DWI REACEPT 1                             | HAPPIC INFRACTIONS!     |
| DATE POLICE AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DISPOSITION -                                  | COURT AND DATE          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                         |
| HAVE YOU EVER BEEN TERMINATEDIDISCHARGED FRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S FOR CAUSE?                                   | YES XNO                 |
| HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OR                                             | YES XNO                 |
| PRIVATE INSTITUTION, FOR MENTAL ILLNESS? HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATION                                          | YES X NO                |
| FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A DO YOU HAVE ANY PHYSICAL CONDITION WHICH CO A HANDGUNF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | USE OF                                         | YES TA NO               |
| HAVE YOU EVER BEEN CHARGED, PETITIONED AGAIN.<br>OF A PROCEEDING IN FAMILY COURT?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ST, A RESPONDENT, OR OTHERWISE BEEN A S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | UBJECT                                         | YES X NO                |
| IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                         |
| VY OMISSI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ON OF FACT OR ANY FALSE STATIS APPLICATION AND CONSTITUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TEMENT WILL BE                                 | SUFFICIENT CAUSE        |
| 1PRISONME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ENT, OR BOTH.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                         |
| AM AWAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RE THAT THE FOLLOWING COND<br>SUED TO ME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DITIONS AFFECT A                               | NY LICENSE WHICH        |
| NO LICENSE ISS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | IEG AS A RESULT OF THIS APPLICATION IS VALID IN THE<br>UEG AS A RESULT OF THIS APPLICATION WILL BE VALID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ONLY FOR A PISTOL OR                           |                         |
| IF I PERMANENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PICALLY DESCRIBED IN THE LICENSE PROPERLY ISSUED I<br>Y CHANGE MY ADDRESS, NOTICE OF SUCH CHANGE AND<br>TO THE SUPERINTENDENT OF THE STATE POLICE AND IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MY NEW ADDRESS MUST                            | COUNTY                  |
| TO THE LICENSIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | G OFFICER OF THAT COUNTY, WITHIN 10 DAYS OF SUCH<br><u>UED AS A MESIL</u> T OF THIS APPLICATION IS SUBJECT TO<br>ENSING OFFICER OR ANY JUDGE OR JUSTICE OF A COU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CHANGE,                                        | 4973656                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | JURAT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                | 2006                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIGNED AND SWORN TO BEFORE MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>_</u>                                       |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS 19 DAY OF TE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>(S</u>                                      | . 20 05                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AT WESTCHESTER CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | fity, yours                                    | 25 NEW YORK             |
| SIGNATURE OF APPLICANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Tilland 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11.20                                          |                         |
| events one or actional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LONATURE OF OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FICE ADMINISTERING OATH                        |                         |
| HIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - WITTEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | E OF OFFICER                                   |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T VALID UNLESS                                 |                         |

139-0003

RIGHT THUMB

RIGHT FUREFINGER

J. RIGHT MIDDLE FINGER

RIGHT RING FINGER

S. RIGHT LITTLE FING

| REDACTED                                                      | KEDACIED                                 | REDACTED                                                                           |
|---------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------|
|                                                               | REDACTE                                  |                                                                                    |
| 6. LEFT TRUMS                                                 | REFINGER 8. LEFT NIDOLE FINGER           | S. LEFT RING FING                                                                  |
| REDACTED                                                      | REDACTED                                 | REDACTED                                                                           |
| LEFT FOUR FINGERS                                             | LAIN IMPRESSIONS TAKEN SIMU              | RIGHT FOUR FINGERS                                                                 |
| REDACTED-                                                     | THUMBS TAKEN TOGETHER                    | REDACT_                                                                            |
| REDACTED                                                      | REDACTED                                 | REDACTED                                                                           |
| REDACTED                                                      | REDACTLD                                 | REDACTED                                                                           |
| IMPRESSIONS TAKEN BY: MAME AND ADDRESS                        | Den C. Paris                             | SHELD 3 / DATE 3/9/5                                                               |
| NAME Sulkson                                                  | INFORMATION PROVIDED BY THIS  NAME - 115 | ORGANIZATION WERIFIED:                                                             |
| RECOMMEND APPROVAL - DISAPPROVAL                              | STRIKE OUT ONE)                          | SIGNATURE OF INVESTIGATING OFFICER LOWING RESTRICTION(S) IS (ARE) APPLICABLE ENSE: |
| IF LICENSING OFFICER AUTHORIZES ORIGINAL LICENSE, FURNISH THE | S THE POSSESSION OF A PISTOL             | OR REVOLVER AT THE TIME OF ISSUE                                                   |
| MANUFACTURER PISTOL OR REVOLVER                               | mm TFR 9124                              | 6946 ALL Countres Spo:                                                             |

PistoLi/ 45ALP VCC 7002 4516-2

# **EXHIBIT J**

# D/O/BREDACTED ESTCHESTER COUNTY TIMOTHY C. IDONI County Clerk

|                              | APPLICATI               | ON FOR AM             | ENDED OR D            | UPLICATE P.                                       | CALTOD:                    |
|------------------------------|-------------------------|-----------------------|-----------------------|---------------------------------------------------|----------------------------|
| 104                          | 519                     |                       |                       |                                                   |                            |
|                              | L LICENSE #             |                       |                       |                                                   |                            |
| INSTRUCTION duplicate.       | IS: Complete form and s | ubmit in DUPLICATE    | to the Westchester Co | unty Clerk's Office and include \$3,00 f          | or Amendment or \$5,00 for |
| NAME: AA                     | INA                     |                       | <del></del>           | REDACT                                            | ren                        |
| MARCI                        | CCI-HANCE               | REC                   | )ACTF                 | יידרטאיי                                          | LU                         |
| AGE: 44                      | HEIGHT: 5'5"            | WEIGHT:               | NOTE:                 | Check box if purchase order is needed             | V                          |
|                              |                         | CIRCLE AP             | PROPRIATE TE          | CANSACTION (S)                                    |                            |
| RESIDENCE CI                 | HANGE DISPOS            | ACQUIRED              | NAME CHAN             | GE RESTRICTION CHANGE                             | 7 TRANSFER                 |
| DUPLICATE                    | SURRENDERED             | SUSPENDED             | REVOKED               | DECEASED. OTHER                                   |                            |
|                              | I. TO AMEN              | D <u>LICENS</u> E CON | MPLETE 1 THRO         | OUGH 7 WHERE APPROPR                              | IATE                       |
| ANNA 1 1. NAME  2. NEW ADDRE |                         | ANCE PHONE #          | REDA                  | CTEDRERE                                          | DACTED                     |
|                              |                         | VE BEEN ACQUIRE       | D FROM: NAME (7       | IANDER HTN                                        |                            |
|                              |                         |                       |                       | LETOWN MY 10                                      | 941                        |
|                              |                         |                       |                       | . IF MORE THAN ONE                                |                            |
|                              | ND FILL OUT BOX 7 C     |                       |                       | in Moral High One                                 | SELECT THIS                |
|                              |                         | MODEL                 | CALIBER               | SERIAL#                                           |                            |
| HERITAGE                     | REV/AUTO                | ROUGH                 | - 22                  | G37997                                            |                            |
| 4. THE FOLLOW                | VING WEAPON (S) HA      |                       | TO: NAME GA           | NDER MTH                                          |                            |
| ADDRESS                      | 100 NORTH               | GALLERIE              | De. MIN               | DLETOWN MY 10                                     | 9941                       |
| LICENSE #/DI                 | EALER LICENSE #/SH      | ELD# FFL#             | 10-14-0058            | E IF MORE THAN ONE I                              | BUYER, CHECK THIS          |
| BOX A                        | ND FILL OUT BOX 7 O     | N THE BACK OF TH      | IS FÖRM.              |                                                   |                            |
| MAKE                         | REVIAUTO                | MODEL                 | CALIBER               | SERIAL #                                          |                            |
| 5+W                          | SEMI-AUTO               |                       | 9 MM                  | TFR 9124                                          |                            |
| S. THE FOLLOW                | VING WEAPON (S) HA      | VE BEEN: (CIRCLE O    | NE) LOST              | STOLEN DES                                        | TROYED                     |
| LAW ENFORC                   | CEMENT AGENCY RE        | PORTED TO:            |                       |                                                   |                            |
| MAKE                         | REV/AUTO                | MODEL                 | CALIBER               | SERIAL#                                           |                            |
|                              |                         |                       |                       |                                                   |                            |
| . AMEND LICE                 | NSE TO. (CIRCLE ONE     | ) ADD                 | DELET                 | E A RESTRICTION                                   |                            |
| IF AMENDME                   | NT IS EMPLOYMENT        | RELATED, STATE TI     | HE FOLLOWING: (FO     | OR A BUSINESS. EMPLOYMENT. OF<br>D TO: FULL CARRY | R FULL CARRY)              |
| NAME: AN                     |                         | RED                   | ACTF                  | ITY/VILLAGE/TOWN:                                 |                            |
| MARCUCO                      | CI -NANCE!              |                       | ADDV 201              | REDACT                                            | TED                        |
|                              |                         |                       | APPX. 381             |                                                   |                            |

| 7. NAMES                            | AND ADDRESS' OF BU<br>NAME            | YERS AND/OR SELLE          | RS (IDENTIFY IF I<br>ADDRESS | BUYER OR SE        | ELLER) WEAPON SERIAL #                                 |
|-------------------------------------|---------------------------------------|----------------------------|------------------------------|--------------------|--------------------------------------------------------|
|                                     | (                                     |                            |                              |                    |                                                        |
|                                     | (                                     |                            |                              |                    |                                                        |
| (A separate)                        | ist of buyers/sellers must            | be submitted in triplicate | on plain white pape          | er, if there are n | nore than 4 buyers/scilets )                           |
|                                     | <u>II. TO</u>                         | REQUEST A DUP              | LICATE LIC                   | ENSE, CON          | MPLETE AFFIDAVIT                                       |
| STATE OF I<br>COUNTY O<br>CITY/VILL | F WESTCHESTER                         | \$ S.S.                    |                              |                    |                                                        |
| Full Name                           | ANNA L                                | MARCUCO                    | I- NAN                       | CE                 |                                                        |
|                                     |                                       |                            |                              |                    |                                                        |
| Name and A                          | ddress of EmployerN                   | YCT 130                    | LIVINGS                      | TON S              | T BROOKIYN NY 11201                                    |
| Serial numbe                        | r of lost license                     |                            |                              |                    | Date of Issuance                                       |
| Brief stateme                       | nt of circumstances under             | which permit was lost:     |                              |                    |                                                        |
|                                     | M/A                                   |                            |                              | <del></del>        |                                                        |
|                                     |                                       |                            |                              |                    |                                                        |
|                                     |                                       |                            |                              |                    |                                                        |
| Statement of                        | weapon (s) now in applica             | nt's possession, which ar  | e to be registered or        | n license:         |                                                        |
| MAKE                                | REV/AUTO                              | MODEL                      | CALIBER                      | SERIAL             | . #                                                    |
|                                     |                                       |                            |                              | }                  |                                                        |
|                                     | st of guns must be submitte           | ad in minimum on plain w   | hite names if appli          |                    | mom than 3 areas )                                     |
|                                     | · · · · · · · · · · · · · · · · · · · |                            |                              |                    |                                                        |
| Sworn to bef                        | ore me this day                       | y of                       | , 19                         |                    | Applicant's Signature                                  |
|                                     |                                       |                            |                              |                    | 1                                                      |
|                                     |                                       | Notary                     | Public                       |                    |                                                        |
|                                     |                                       | III. TO BE CO              | MPLETED BY                   | ALL APP            | <u>LICANTS</u>                                         |
| Have you been                       | accepted for any enime.               |                            |                              |                    | otection issued against you since the last license was |
| issued? (Cl<br>If yes, give de      | RCLE ONE) YES                         | <b></b>                    |                              |                    | ·                                                      |
|                                     |                                       |                            |                              |                    |                                                        |
|                                     |                                       |                            |                              |                    |                                                        |
| ····                                | - DE                                  | DAGE                       | Ri                           | FIIÁ               | ĈIED                                                   |
| Date and Place                      | of Bir                                | DACTI                      | ED '''                       |                    | OILD                                                   |
| Foreign Born (                      | Citizens Only - Naturalizat           | ion Certificate Number _   |                              |                    |                                                        |
| Date of Issuan                      | çc                                    |                            | Court                        |                    | 7                                                      |
| SWEAR TH                            | AT ALL THE ABOVE FA                   | CTS ARE TRUE TO THE        | HE BEST OF MY K              | NOWLEDGE           | of mo Musuous - Marce Applicant's SIGNATURE            |
|                                     | ald                                   | 17                         | OR OFFICE USE                | ONLY               |                                                        |
| AMENDED L                           | ICENSE APPROVED                       | NOT APPROVED 5             | FEDATE                       |                    | COUNTY JUBGE                                           |
| DUPLICATE                           | LICENSE APPROVED                      | NOT APPROVED               | ]   650                      |                    |                                                        |
| EXPIRATION                          | DATE                                  |                            | - Str                        | 1 0 2010           |                                                        |
| evised: 1/12/                       | 2005                                  |                            | APPX 38                      | 32                 | HON. ROBERT K. HOLDMAN                                 |



Robert P. Astorino County Executive

Der getten in der tradition dette

Consign N Language Commission estimati

August 11, 2010

Honorable Justice Westchester County Court 111 Dr. Martin Luther King, Jr. Blvd. White Plains, New York 10601

Re: Pistol License amendment of Anna L. Marcucci-Nance

REDACTED

Dear Honorable Justice:

The above captioned individual has submitted an application to Westchester County to amend his New York State (NYS) Pistol License to allow the category of **FULL CARRY**.

The applicant is currently licensed by Westchester County for the purpose of Target Shooting (#104519). This amendment application is for the following:

- 1) Delete Target Shooting.
- 2) Add Full Carry.
- 3) Delete one (1) firearm.
- 4) Add one (1) firearm.

A name based criminal background and related database check through the National Instant Criminal Background check system was conducted. No derogatory information was uncovered. In addition, a query of the files of the NYS Department of Mental Hygiene also revealed no derogatory information.

The applicant submitted notarized documentation attesting that 1) she is a citizen in good standing in the community with many family and social ties, and 2) she is steadily employed and stable and of good moral character, and 3) she has a desire to become involved in competitive shooting at various ranges, and 4) the NRA has offered to partner with her to provide all female classes to women, and 5) she would like to use her NRA Instructor Safety Certifications to promote safe gun handling at various locations and having a full carry permit would facilitate these endeavors.

A Nove Way State Value and Law Engagement View

1.8 m Marthe of Park 199 Harmonio NY 100 2







Anna L. Marcucci-Nance August 11, 2010 Page 2 of 2

It appears that the necessary proper cause for the issuance of a firearm license for the purpose of Full Carry has not been met by the applicant. No safety related concerns have been cited by the applicant in support of the license sought. The applicant's current firearm license would appear to cover the sport target shooting related endeavors that she has cited. The applicant has not demonstrated an exceptional need for self protection distinguishable from that of the general public.

This application is respectfully forwarded with the following recommendations:

The category of Full Carry is recommended for DISAPPROVAL.

The addition of one firearm to license is recommended for APPROVAL.

The deletion of one firearm from license is recommended for APPROVAL.

Sincerely,

DEPARTMENT OF PUBLIC SAFETY

Westchester County Police

√yoseph X/Y arstinski

First Deputy Commissioner

JJY/fd

Chief Inspector's Endorsement

August 5, 2010

RE: Pistol License Amendment - <u>TARGET SHOOTING ADD FULL CARRY ADD ONE FIREARM</u>

<u>DELETE ONE FIREARM</u>

Ms. Anna L. Marcucci-Nance, Pistol License #104519

I have reviewed the attached investigative report and the foregoing comments of Sergeant Bruce Bellom and Lieutenant Frank Donovan. I concur with both of their recommendations.

Forwarded to First Deputy Commissioner Joseph J. Yasinski and recommend disapproval of this application amendment to Pistol License #104519 to add the category of FULL CARRY firearm license for the applicant. Recommend approval of the addition of one firearm and deletion of one firearm to the license of the applicant.

Chief Inspector Roger R. Rokicki Chief of Administrative Services

RRR/jw

08/03/2010: Endorsement by Lieutenant Frank J. Donovan of memorandum by Sergeant Bellom dated 08/03/2010 entitled: Pistol License <u>amendment</u> of Anna L. Marcucci-Nance (FC).

The applicant is currently licensed by Westchester County for the purpose of Target Shooting (#104519). This amendment application is for the following:

- 1) Delete Target Shooting.
- 2) Add Full Carry.
- 3) Delete one (1) firearm.
- 4) Add one (1) firearm.

The applicant submitted notarized documentation attesting that 1) she is a citizen in good standing in the community with many family and social ties, and 2) she is steadily employed and stable and of good moral character, and 3) she has a desire to become involved in competitive shooting at various ranges, and 4) the NRA has offered to partner with her to provide all female classes to women, and 5) she would like to use her NRA Instructor Safety Certifications to promote safe gun handling at various locations and having a full carry permit would facilitate these endeavors.

It appears that the necessary proper cause for the issuance of a firearm license for the purpose of Full Carry has not been met by the applicant. No safety related concerns have been cited by the applicant in support of the license sought. The applicant's current firearm license would appear to cover the sport target shooting related endeavors that she has cited. The applicant has not demonstrated an exceptional need for self protection distinguishable from that of the general public.

I concur with Sergeant Bellom and recommend the following:

The category of Full Carry is recommended for DISAPPROVAL.

The addition of one firearm to license is recommended for APPROVAL.

The deletion of one firearm from license is recommended for APPROVAL.

Forward to Chief Inspector Roger R. Rokicki.

Lieutenant Frank J. Donovan



Memorandum Department of Public Safety

DATE:

August 3, 2010

TO:

Lt. Frank Donovan

FROM:

Sgt. Bruce Bellom #15

RE:

Pistol License amendment of Anna L. Marcucci-Nance

The above captioned individual has submitted an application to Westchester County to amend his New York State (NYS) Pistol License to allow the category of FULL CARRY.

The applicant is currently licensed by Westchester County for the purpose of Target Shooting (#104519). This amendment application is for the following:

- 1) Delete Target Shooting.
- 2) Add Full Carry.
- 3) Delete one (1) firearm.
- 4) Add one (1) firearm.

A name based criminal background and related database check through the National Instant Criminal Background check system was conducted. No derogatory information was uncovered. In addition, a query of the files of the NYS Department of Mental Hygiene also revealed no derogatory information.

The applicant submitted notarized documentation attesting that 1) she is a citizen in good standing in the community with many family and social ties, and 2) she is steadily employed and stable and of good moral character, and 3) she has a desire to become involved in competitive shooting at various ranges, and 4) the NRA has offered to partner with her to provide all female classes to women, and 5) she would like to use her NRA Instructor Safety Certifications to promote safe gun handling at various locations and having a full carry permit would facilitate these endeavors.

It appears that the necessary proper cause for the issuance of a firearm license for the purpose of Full Carry has not been met by the applicant. The applicant has not demonstrated an exceptional need for self protection distinguishable from that of the general public.

This application is respectfully forwarded with the following recommendations:

The category of Full Carry is recommended for DISAPPROVAL.

The addition of one firearm to license is recommended for APPROVAL.

Westchester gov.com

|                                                                                         | OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                         | CASE #: 10 597                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                         | DETECTIVE: Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date:                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| State of New York Department of Mental Hygiene 44 Holland Avenue Albany, New York 12229 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Re: Application for Firearm Licens                                                      | e ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Dear Sir or Madam:                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                         | of your records against the name of the below listed I Law, section 400 (4), and that you respond to this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| APPLICANT: PLEASE COMPLETE THE BELOW                                                    | W LISTED INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Name (Last): Wilcuai Nance First                                                        | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Alias/ Maiden Name:                                                                     | Date of Birth: REDACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Address: REDACTED                                                                       | REDACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Sex: Social Security. #: REDAC                                                          | CTEPace of Birth: REDACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Sincerely,                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DEPARTMENT OF PUBLIC SAFETY Westchester County Police                                   | To New .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Elman 1                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| George N. Longworth Commissioner/ Sheriff                                               | and the second s |

p.2

Printed: 06/30/2010

### **INQUIRY DETAIL REPORT** GM#250 - Wallkill FFL# 6-14-00588

Page: 1

Firearm Information

Serial Number:

tfr9124

UPC:

499925041272

Description:

two mags total

New/Used?:

Used

Current

Manuf/Importer: smith &wesson 6946

Model:

6946

Caliber/Gauge:

9mm

Type:

**Pistol** 

Acquisition Information

Date:

06/29/2010

Assoc.:

531411, JT DESIMONE

Acq From:

anna I marcucci-nance

Disposition Information

Date:

Assoc.:

Cost:

Retail:

Transfer/Sold To:



### **Used Firearm Purchase Agreement Customer Copy**

GM#250 - Wallkill FFL# 6-14-00588 100 N. Galleria Dr

Middle Town, NY 10941 (845) 692-5600

**Entered Date:** 

06/29/2010

Printed Date: 06/29/2010 12:29 pm

**Customer Information:** 

Name:

anna I marcucci

Address:

**EDACTED** 

City:

State:

REDACTED

Phone:

Firearm information:

UPC:

499925041272

Manufacturer: Smith & Wesson

Model:

9105

Cal/Gauge:

9mm Luger

Grade:

Good

Barrel Length:

3-3/4in FS

Seriai Number: tfr9124

Cost:

\$225.00

Department:

Used Firearms

Class:

Handguns

Subclass:

Semi-Auto Pistol

GANDER MOUNTAIN #250 (845)692-5600 Mon-Sat 9am-9pm Sundays 10am-6pm

SERIAL NUMBER tfr9124

PAID OUT

SED GUN PAID OUT

\$225,00

OTAL

\$225.00-

:ASH

\$225,00-

CUSTOMER COPY

JT.Des.

i-29-2010 12:32:20

0250 45 531411 1280

Printed: 06/29/2010 GANDER MOUNTAIN #250 (845)692-5600 Mon-Sat 9am-9pm New/Used?: Description: Serial Number: Sundays 10am-6pm Firearm Information LAYAWAY SALE LAYANAY NUMBER 10011499 CUSTOMER NAME: Anna Marcucci-Nance PHONE: 6.5" heritage rough G37997 727962500316 ADDRESS: CITY: STATE: ZIP: ROUGH RIDER:22 WIN MAG:6-1/2IN FS:RIGHT: 727982500316 199.99 TC GM#250 - Wallkill FFL# 6-14-00588 SERIAL NUMBER G37997 SUBTOTAL \$199.99 INQUIRY DETAIL REPORT New York State Tax \$8.00 CNTY TAX 4.125% \$8.25 LAYAWAY SALE TOTAL \$216.24 LAYAWAY DEPOSIT \$216.24 TOTAL Model: \$216.24 Caliber/Gauge: Manuf/Importer: CASH \$220.00 CHANGE \$3.76 BALANCE DUE \$0.00 All items on Layaway will be held for 90 days. If the items heritage .22 caliber Revolver rough rider are not picked up within 90 days, the items will be returned to stock. A \$25.00 restocking fee will be charged for all cancelled layaways. CUSTOMER COPY ITEMS 1 Robert H 06-29-2010 12:45:58 0250 26 525287 2021

3 Ways To Shop In Store, Online and Catalog!



June 16, 2010

Dear NRA Certified Instructor,

Perhaps you've seen it, too - a dramatic rise in the demand for NRA classes for women. It's true that there has never been a greater need for firearms training for women. Often, the request for information on such classes is accompanied by the comment, "I'd like to take a class taught by a woman."

Women who seek firearms instruction often encounter obstacles. Some are discouraged because of stereotypical gender roles, and others mistakenly believe that they do not have a place in a field that is dominated by men. With that in mind, the NRA is asking you to reach out to the women in your community. Consider offering women-only classes, or hosting successful programs such as Women On Target® Instructional Shooting Clinics or Refuse To Be A Victim® Seminars. Let us show you how to incorporate these programs into your NRA Education and Training modules. You'll not only build a whole new market for firearms training, but you'll be making your community a safer place, too.

We'll showcase your accomplishments in a variety of ways, including various NRA magazines. If you'll send us photos of yourself teaching other women, we'd like to use those to show other women what is available to them. Also, if you schedule a Women On Target® Instructional Shooting Clinic or a Refuse To Be A Victim® Seminar, NRA Media Relations Division can help promote your efforts by issuing media releases on your behalf. NRA Women's Programs will post clinics and seminars on its website at www.nrawomen.org and through various social networking sites, too. We'll help you every step of the way.

Can we count on you to be a part of a new initiative to help women become shooters, and to help women learn about other NRA Women's Programs? A simple yes or no answer is all we need. Please email us at instructorupdate@nrahq.org, and we'll be in touch.

Kindest regards.

Eginera The Commercia Elizabeth D. Hellmann

NRA Women's Programs

Encl.: FID Brochure



# WESTCHESTER COUNTY POLICE PISTOL LICENSE UNIT

ATTACHMENT: FULL CARRY

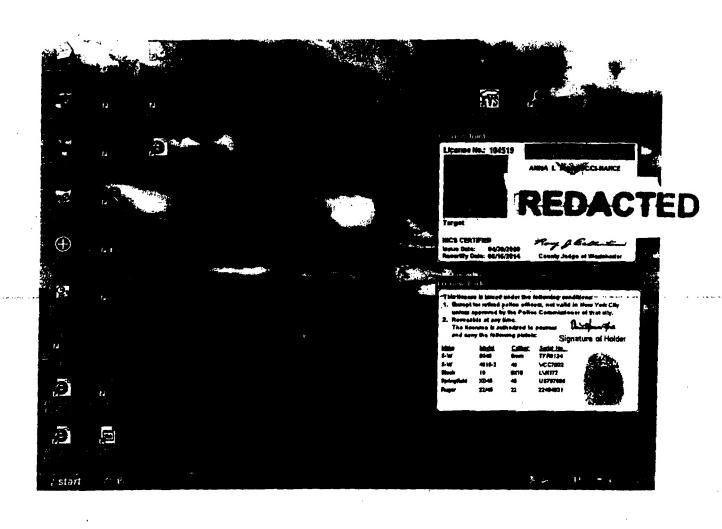
APPLICANT INFORMATION:

| OFFICE USE ONLY |     |
|-----------------|-----|
| CASE#:          | _ : |
| DET:            | _   |

Answer-all questions fully and in accordance with the guidelines set forth in the Pistol Safety & Information Handbook. This form and attachments must be notarized.

| Address:   Address:   STREET  AND REPARTED REPARTED STATE  M.I. L. M.                                                                                                                    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| List all factors which you believe to be relevant to your application and which establish <u>proper</u> <u>cause</u> for issuance of a firearm license for the purpose of Full Carry:                                                                                                                                                                                       |    |
| The following is intended to show cause for a restriction change from TARGET to FULL CARRY.                                                                                                                                                                                                                                                                                 | 2  |
| I am a citizen in good standing in the community with many familial and social ties. I am steadily employed and stable. I am of good moral character. My intent to change restriction is due to my desire to be come involved in Competitive target shooting at various range brations. Also, the NRA has offered to partner with me to provide all female classes towomen. | 31 |
| I would like to use my NRA Instructor Safety Certifications to promote Safe gun handling at various locations. Having a full carry permit would facilitate these endeavors.                                                                                                                                                                                                 | >  |
| Thanking you in advance for your consideration.                                                                                                                                                                                                                                                                                                                             |    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
| Ann Harresce - Nance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Juna Marcuse House                                               |
| Home Planewick - Nance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Jana Marine Mores                                                |
| APPLICANT NAME (PRINT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | APPLICANT NAME (SIGNATURE)                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
| And the second s |                                                                  |
| STATE OF NEW YORK )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |
| COUNTY OF WESTCHESTER )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                                                |
| COUNTY OF WESTCHESTER )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
| SUBSCRIBED AND SWORN TO BEFORE ME THIS _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. The 2010                                                      |
| SUBSCRIBED AND SWORN TO BEFORE ME THIS _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DAY OF JUILL YEAR ZUILL                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 Collin                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | De cu Mice in Wall on                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIGNATURE OF NOTARY PUBLIC                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DULCE MARINA WASHBURN                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Notary Public. State of New York No. 04WASJ02S49 No. 04WASJ02S49 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No. 04WAS 152549                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Qualified in Viestcherter Coacty                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Commission MXDII 63 Dec. 151 - 7                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Zill                                                             |



| WESTCHESTER COUNTY                                                                                                           | Bring or mail to WESTER COUNTY                |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| TIMOTHY C. IDONI Westchester County Clerk                                                                                    | 9371072009                                    |
| Westenester county Clerk                                                                                                     | 45 PRH \$10. DUCASO                           |
|                                                                                                                              | TOTAL : \$10.00                               |
| PISTOL LI                                                                                                                    | CENSE RECERTIFICATION                         |
| ORIGINAL LICENSE #                                                                                                           |                                               |
| 104519                                                                                                                       |                                               |
|                                                                                                                              | submit in DUPLICATE to the Westchester County |
| Clerk's Office with \$10.00 Certification                                                                                    |                                               |
|                                                                                                                              | DATE OF BIRTH: REDACTED                       |
| 2. ADDRESS: A REDAC                                                                                                          | TED                                           |
| 3. CITY/TOWN/VILLAGE:                                                                                                        | STATE: MY ZIP: REDACTE                        |
| 4. PHONE NUMBER HOME: RE                                                                                                     | DACHDENLIMBER WORK: REDACTED                  |
| 5. LIST OF 5 WEAPON(S) ON OPPOS                                                                                              | SITE SIDE IS COMPLETE AND ACCURATE            |
|                                                                                                                              | License Holder's Signature                    |
| Sworn to before me this                                                                                                      | day of                                        |
| MARY FERENCI Notary Public, State of New York No. 04FE6126306 Qualified in Westchester County Commission Expires May 2, 2009 | May Ference                                   |
| EOR OFFICE LISE ONLY                                                                                                         |                                               |

Revised: 1/19/2007

RECERTIFICATION DATE

HON. RORY J. BELLANTONI ACTING JUSTICE SUPREME COURT

COUNTY JUDGE

DATE

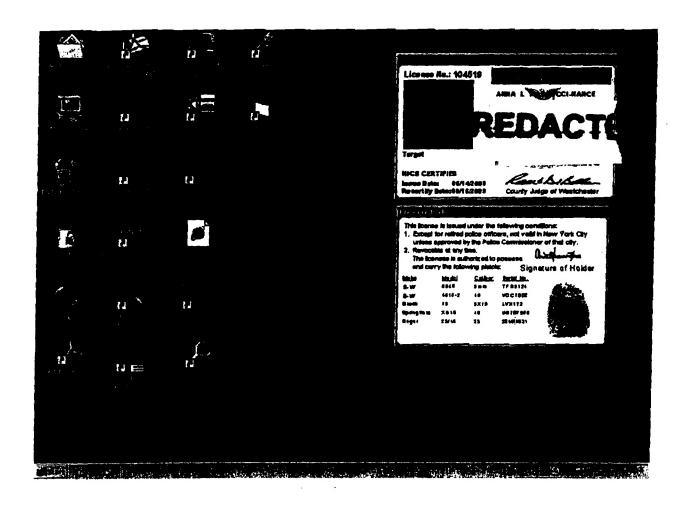
VESTERESTER COUNTY SLEER

8-15-14

RECERTIFICATION LICENSE APPROVED ☐ NOT APPROVED ☐

# 6. THE FOLLOWING WEAPON(S) ARE IN MY POSSESSION: (ATTACH ADDITIONAL SHEETS AS NECESSARY):

| SHEETS AL   | NECESSARI). |        |         |           |
|-------------|-------------|--------|---------|-----------|
| MAKE        | REV/AUTO    | MODEL  | CALIBER | SERIAL#   |
| S-W         | AUTO        | 6946   | 9 mm    | T FR9124  |
| S-W         | AUT6        | 4516-2 | 45      | VCC700Z   |
| GIOCK       | AUTO        | 19     | 9×19    | LVX17Z    |
| Springfield | AUTO.       | XD 45  | 45      | US 707965 |
| RUGER       | AUTO        | 22/45  | 22      | 2246483   |
|             |             | ·      |         |           |
|             |             |        |         |           |
|             |             |        |         |           |
|             |             |        | ī       |           |
|             |             |        |         |           |
|             |             |        |         |           |
|             |             |        |         |           |
|             |             |        |         |           |
|             |             |        |         |           |
|             |             |        |         |           |
|             |             |        |         |           |



|                                                                                                                      | <b>APPLICA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TION FOR A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MENDED OR                                                                                                                   | DUPLICATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
|                                                                                                                      | (5-10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
|                                                                                                                      | 519                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| ORIGIN.                                                                                                              | AL LICENSE #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| duplicate.                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and submit in DUPLICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ATE to the Westchester                                                                                                      | County Clerk's Office and in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | hude \$3.00 for Amendment or \$5.00 for                           |
|                                                                                                                      | ICL - NANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | REC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PACTE                                                                                                                       | D , RED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ACTED                                                             |
| AGE: 42                                                                                                              | HEIGHT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WEIGHT 24.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             | OTE: Check box if purchase o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rder is needed                                                    |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CIRCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | APPROPRIATE                                                                                                                 | TRANSACTION (S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| RESIDENCE                                                                                                            | CHANGE DIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | POSED ACQUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RED NAME CH                                                                                                                 | ANGE RESTRICTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CHANGE TRANSFER                                                   |
| DUPLICATE                                                                                                            | SURRENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ED SUSPENDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D REVOKED                                                                                                                   | DECEASED OTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ier                                                               |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OMPLETE I TH                                                                                                                | ROUGH 7 WHERE A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PPROPRIATE                                                        |
| . NAME                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PHON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NE #'s: HOME                                                                                                                | work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |
| NEW ADDI                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HAVE REEN ACOUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RED FROM: NAME /                                                                                                            | SANDER MOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | THIN                                                              |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| -                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             | IDDLETOWN NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HAN ONE SELLER, CHECK THIS                                        |
| LICENSE #/                                                                                                           | DEALER LICENSE A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | /SHIELD# 12-14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -000                                                                                                                        | IF MORE T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | HAN ONE SELLER, CHECK THIS                                        |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| вох                                                                                                                  | AND FILL OUT BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7 ON THE BACK OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| MAKE                                                                                                                 | REV/AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MODEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | THIS FORM.                                                                                                                  | SERIAL #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                             |
| MAKE<br>DIOCK<br>BARMORY                                                                                             | REVIAUTO<br>AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MODEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | THIS FORM.                                                                                                                  | SERIAL #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ·                                                                 |
| MAKE<br>TOCK<br>& ARMORY<br>RUGGR                                                                                    | REVAUTO AUTO AUTO AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MODEL<br>19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CALIBER 9 × 19                                                                                                              | SERIAL #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ·                                                                 |
| MAKE  THE FOLLO                                                                                                      | REVAUTO AUTO AUTO AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MODEL<br>19<br>14<br>22/45<br>HAVE BEEN DISPOSI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CALIBER 9 × 19 . 45 . 45 . ED TO: NAME                                                                                      | SERIAL #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ·                                                                 |
| AAKE  TLOCK  ARMORY  RUGGR  THE FOLLO  ADDRESS                                                                       | REVIAUTO AUTO AUTO AUTO AUTO OWING WEAPON (S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MODEL<br>19<br>19<br>22/45<br>HAVE BEEN DISPOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CALIBER 9 × 19 . 45 ED TO: NAME                                                                                             | SERIAL #<br>LVX 172<br>US 707965<br>224-6483                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ,                                                                 |
| MAKE  TOCK  ARMOR  RUGGR  THE FOLLO  ADDRESS  LICENSE #A                                                             | REVIAUTO AUTO AUTO AUTO OWING WEAPON (S) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MODEL<br>19<br>19<br>22/45<br>HAVE BEEN DISPOSI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CALIBER 9 × 19 . 45 ED TO: NAME                                                                                             | SERIAL #<br>LVX 172<br>US 707965<br>224-6483                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ·                                                                 |
| MAKE  THOCK  ARMORI  RUGGR  THE FOLLO  ADDRESS  LICENSE #A                                                           | REVIAUTO AUTO AUTO AUTO OWING WEAPON (S) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MODEL<br>19<br>19<br>22/45<br>HAVE BEEN DISPOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CALIBER 9 × 19 145 ED TO: NAME                                                                                              | SERIAL #  LVX 172  US 707965  224-6483                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ,                                                                 |
| MAKE TOOCK BARMORY RUGER THE FOLLO ADDRESS LICENSE MA                                                                | REVIAUTO AUTO AUTO AUTO OWING WEAPON (S) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MODEL<br>19<br>19<br>22/45<br>HAVE BEEN DISPOSI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CALIBER 9 × 19 . 45 ED TO: NAME                                                                                             | SERIAL #<br>LVX 172<br>US 707965<br>224-6483                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ,                                                                 |
| MAKE  THE FOLIO  ADDRESS  LICENSE #// BOX                                                                            | REVIAUTO AUTO AUTO AUTO OWING WEAPON (S) I DEALER LICENSE #/A AND FILL OUT BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MODEL 19 22/15 HAVE BEEN DISPOSE SHIELD # 7 ON THE BACK OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CALIBER 9 × 19 145 ED TO: NAME                                                                                              | SERIAL #  LVX 172  US 707965  224-6483                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ,                                                                 |
| MAKE  THE FOLLOW  BOX  THE FOLLOW  THE FOLLOW  THE FOLLOW                                                            | REVIAUTO AUTO AUTO AUTO AUTO DEALER LICENSE #/A AND FILL OUT BOX REV/AUTO WING WEAPON (S) H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MODEL 19 22/45 HAVE BEEN DISPOSE SHIELD # MODEL  MODEL  LAVE BEEN: (CIRCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CALIBER 9 × 19 45 ED TO: NAME  THIS FORM.  CALIBER                                                                          | SERIAL #  LVX 172  US 7C 1965  224-6483  IF MORE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,                                                                 |
| MAKE  THE FOLLO  BOX  HENDE  THE FOLLO  ADDRESS  LICENSE #A                                                          | REVIAUTO AUTO AUTO AUTO AUTO DWING WEAPON (S) I  DEALER LICENSE MA AND FILL OUT BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MODEL 19 22/45 HAVE BEEN DISPOSE SHIELD # MODEL  MODEL  LAVE BEEN: (CIRCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CALIBER 9 × 19 45 ED TO: NAME  THIS FORM.  CALIBER                                                                          | SERIAL #  LVX 172  US 7C 1965  224-6483  IF MORE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IAN ONE BUYER, CHECK THIS                                         |
| MAKE THE FOLLO  ADDRESS LICENSE #A  BOX A  THE FOLLO  AND A  AND A  AND A  BOX A  A  A  A  A  A  A  A  A  A  A  A  A | REVIAUTO AUTO AUTO AUTO AUTO DEALER LICENSE #/A AND FILL OUT BOX REV/AUTO WING WEAPON (S) H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MODEL 19 22/45 HAVE BEEN DISPOSE SHIELD # MODEL  MODEL  LAVE BEEN: (CIRCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CALIBER 9 × 19 45 ED TO: NAME  THIS FORM.  CALIBER                                                                          | SERIAL #  LVX 172  US 7C 1965  224-6483  IF MORE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IAN ONE BUYER, CHECK THIS                                         |
| MAKE PLOCK B ARMORI RUGER THE FOLLO ADDRESS LICENSE MA BOX AKE THE FOLLO AW ENFOR                                    | REVIAUTO A OTO A O | MODEL 19 22/45 HAVE BEEN DISPOSE  MODEL  AVE BEEN: (CIRCLE REPORTED TO: MODEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CALIBER 9 × 19 15 ED TO: NAME  THIS FORM.  CALIBER  CALIBER  CALIBER                                                        | SERIAL #  LVX 172  LV | AN ONE BUYER, CHECK THIS  DESTROYED                               |
| MAKE  THE FOLLO  ADDRESS  LICENSE MA  BOX MENTOR  LAW ENFOR  AKE  MEND LICE  F AMENDME                               | REVIAUTO A OTO A O | MODEL 19 22/45 HAVE BEEN DISPOSE  TON THE BACK OF THE | CALIBER 9 × 19 9 × 19 145 ED TO: NAME THIS FORM. CALIBER CALIBER DELE                                                       | SERIAL #  LVX 172  US 707965  LE MORE TO  SERIAL #  T STOLEN  SERIAL #  TE A RESTRICT  OR A BUSINESS, EMPLOYN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IAN ONE BUYER, CHECK THIS  DESTROYED  CTION                       |
| MAKE  THE FOLLO  ADDRESS  LICENSE MA  BOX MAKE  THE FOLLO  LAW ENFOR  AKE  AMEND LICE  F AMENDME                     | REVIAUTO A OTO A O | MODEL 19 22/45 HAVE BEEN DISPOSE  TON THE BACK OF THE | CALIBER 9 × / 9 125 ED TO: NAME  THIS FORM.  CALIBER  CALIBER  CALIBER  CALIBER  DELE  THE FOLLOWING: (FOLICENSE BE CHANGE) | SERIAL #  LVX 172  US 707965  LE MORE TO  SERIAL #  T STOLEN  SERIAL #  TE A RESTRICT  OR A BUSINESS, EMPLOYN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LAN ONE BUYER, CHECK THIS  DESTROYED  CTION  MENT, OR FULL CARRY) |

| (A separate list of boyers/sellers must be submitted in triplicate on plain white paper, if there are more than 4 buyers/sellers.)  II. TO REQUEST A DUPLICATE LICENSE, COMPLETE AFFIDAVIT  STATE OF NEW YORK COUNTY OF WESTCHESTER  S.S. CITY/VILLAGE OF  S.S. Serial number of lost license  Present Occupation  Name and Address of Employer  Serial number of lost license  Brief statement of circumstances under which permit was lost:  Statement of weapon (s) now in applicant's possession, which are to be registered on license:  MAKE  REVIAUTO  MODEL  CALIBER  SERIAL 8  A reparate list of gaze moust be submitted in triplicate on plain white paper, if applicant possesses more than 3 pans.)  Sworn to before me this  day of  Applicant's Signature  Notary Public  III. TO BE COMPLETED BY ALL APPLICANTS  are you been amented for any crime, been a patient at any mental institution, or had an order of protection issued against you since the last licensened?  (CIRCLE ONE) YES  WEAR THAT ALL THE ABOVE PACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND APPLICANT'S SIGNATURE!  FOR OFFICE USE ONLY  MENDED LICENSE APPROVED  NOT APPROVED  NOT APPROVED  DATE  COUNTY JUDGE  A PLANT AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7. NAMES AND ADDRESS' OF BUY<br>NAME     | TERS AND/OR SELLE         | RS (IDENTIFY IF BI<br>ADDRESS | JYER OR SI     | ELLER) WEAPON SERIAL#                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------|-------------------------------|----------------|--------------------------------------------------------|
| TI. TO REQUEST A DUPLICATE LICENSE, COMPLETE AFFIDAVIT  STATE OF NEW YORK COUNTY OF WESTCHESTER TITY/VILLAGE OF  S.S.  TITY/VILLAGE OF  S.S.  TITY/VILLAGE OF  S.S.  TITY/VILLAGE OF  Date of Issuance  Date of Issuance  Date of Issuance  Date of Issuance  Trief statement of circumstances under which permit was lost:  ARKE  REVIAUTO  MODEL  CALIBER  SERIAL    Applicates's Signature  Notary Public  III. TO RE COMPLETED BY ALL APPLICANTS  TO SEE OMPLETED  TO SEE OMPLETED  APPLICANT'S SIGNATURE  FOR OFFICE USE ONLY  DATE  COUNTY JUDGE  ENDED LICENSE APPROVED DATE  OUT TO SEE ONLY  TO SEE OMPLETED BY ALL APPLICANTS  TO SEE OMPLETED  TO SEE OMPLETED BY ALL APPLICANTS  TO SEE OMPLETED  |                                          |                           |                               |                |                                                        |
| II. TO REQUEST A DUPLICATE LICENSE. COMPLETE AFFIDAVIT  TATE OF NEW YORK OUNTY OF WESTCHESTER   S.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                           |                               |                |                                                        |
| TATE OF NEW YORK OUNTY OF WESTCHESTER THYVILLAGE OF  and Name  resent Occupation  and Address of Employer  rial number of lost license  resent Occupation  and Address of Employer  rial number of lost license  resent Occupation  and Address of Employer  rial number of lost license  Date of Issuance  ricensent of circumstances under which permit was lost:  Internent of wespon (s) now in applicant's possession, which are to be registered on license.  AKE REVIAUTO MODEL CALIBER SERIAL #  separate list of guns must be submitted in triplicate on plain white paper, if applicant possesses more than 3 guns.)  rorn to before one this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A separate list of buyers/sellers must b | e submitted in triplicate | on plain white paper          | , if there are | more than 4 buyers/sellers.)                           |
| District of Statement of Circumstances under which permit was lost:    Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u> 11. TO 1</u>                         | REQUEST A DUP             | LICATE LICE                   | NSE, CO        | MPLETE AFFIDAVIT                                       |
| resent Occupation  arms and Address of Employer  rial number of lost license                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OUNTY OF WESTCHESTER                     | )<br>) S.S.               |                               |                |                                                        |
| rial number of lost license                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ıli Name                                 |                           |                               |                |                                                        |
| rial number of lost license                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | esent Occupation                         |                           |                               |                |                                                        |
| terment of circumstances under which permit was lost  terment of weapon (s) now in applicant's possession, which are to be registered on license:  ARE REVIAUTO MODEL CALIBER SERIAL s  separate list of gues must be submitted in triplicate on plain white paper, if applicant possesses more than 3 guns.)  orn to before me this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ame and Address of Employer              |                           |                               |                |                                                        |
| terment of circumstances under which permit was lost  terment of weapon (s) now in applicant's possession, which are to be registered on license:  ARE REVIAUTO MODEL CALIBER SERIAL s  separate list of gues must be submitted in triplicate on plain white paper, if applicant possesses more than 3 guns.)  orn to before me this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · · · · · · · · · · · · · · · · · · ·    |                           |                               | <del></del>    | Date of language                                       |
| terment of weapon (s) now in applicant's possession, which are to be registered on license:  AKE REV/AUTO MODEL CALIBER SERIAL s  separate list of guns must be submitted in triplicate on plain white paper, if applicant possesses more than 3 guns.)  orn to before me this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |                           |                               |                | _ Date of issuance                                     |
| SEPARATION MODEL CALIBER SERIAL #  SEPARATE List of guess must be submitted in triplicate on plain white paper, if applicant possesses more than 3 guns.)  Orn to before me this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ef statement of circumstances under w    | vnica permit was tost.    |                               |                |                                                        |
| Separate list of guess must be submitted in triplicate on plain white paper, if applicant possesses more than 3 guns.)  Torn to before me this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |                           |                               |                |                                                        |
| Exparate list of guns must be submitted in triplicate on plain white paper, if applicant possesses more than 3 guns.)  Orn to before me this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                           |                               |                |                                                        |
| Exparate list of guns must be submitted in triplicate on plain white paper, if applicant possesses more than 3 guns.)  Orn to before me this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                           |                               |                |                                                        |
| reparate list of gams must be submitted in triplicate on plain white paper, if applicant possesses more than 3 gams.)  Orn to before me this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tement of weapon (s) now in applicant    | 's possession, which are  |                               |                |                                                        |
| Notary Public  Notary Public  HIL TO BE COMPLETED BY ALL APPLICANTS  be you been arrested for any crime, been a patient at any mental institution, or had an order of protection issued against you since the last licena agric details below.  REDACTED  and Place of Bin  gu Born Citizens Only - Naturalization Certificate Number  of Issuance  Court  FOR OFFICE USE ONLY  NOED LICENSE APPROVED NOT APPROVED DATE  COUNTY JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AKE REVIAUTO                             | MODEL                     | CALIBER                       | SERIA          | L#                                                     |
| Notary Public  Notary Public  HIL TO BE COMPLETED BY ALL APPLICANTS  and CIRCLE CINE) YES NO  and Place of Bin  REDACTED  gui Born Citizens Only - Naturalization Certificate Number  Court  EAR THAT ALL THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE  FOR OFFICE USE ONLY  NOED LICENSE APPROVED NOT APPROVED DATE  Applicant's Signature  Applicant's Signature  Court  COUNTY JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                        |                           |                               |                |                                                        |
| Notary Public  III. TO BE COMPLETED BY ALL APPLICANTS  To you been a patient at any mental institution, or had an order of protection issued against you since the last licens and Place of Bin  REDACTED  and Place of Bin  go Born Citizens Only - Naturalization Certificate Number  Court  EAR THAT ALL THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE APPLICANT'S SIGNATURE!  FOR OFFICE USE ONLY  NODED LICENSE APPROVED NOT APPROVED DATE  COUNTY JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | separate list of guns must be submitted  | in triplicate on plain w  | hite paper, if applica        | nt possesses   | more than 3 guns.)                                     |
| Notery Public  III. TO BE COMPLETED BY ALL APPLICANTS  by you been arrested for any crime, been a patient at any mental institution, or had an order of protection issued against you since the last licens and? (CIRCLE CNE) YES NO  a, give details below:  REDACTED  and Place of Bin  gn Born Citizens Only - Naturalization Certificate Number  Court  EAR THAT ALL THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE  APPLICANT'S SIGNATURE!  FOR OFFICE USE ONLY  NOTAPPROVED DATE  COUNTY JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | orn to before me this day o              | st                        | , 19                          |                | Applicant's Signature                                  |
| EAR THAT ALL THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE  FOR OFFICE USE ONLY  III. TO BE COMPLETED BY ALL APPLICANTS                                            |                           |                               |                |                                                        |
| e you been arrested for any crime, been a patient at any mental institution, or had an order of protection issued against you since the last licens of (CIRCLE ONE) YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          | Notes                     | y Public                      | _              |                                                        |
| and Place of Bin  REDACTED  and Place of Bin  Grant Born Citizens Only - Naturalization Certificate Number  Court  EAR THAT ALL THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE  APPLICANT'S SIGNATURE  FOR OFFICE USE ONLY  ENDED LICENSE APPROVED NOT APPROVED DATE  COUNTY JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | III. TO BE COM            | PLETED BY A                   | LL APPI        | <u>ICANTS</u>                                          |
| and Place of Bin  REDACTED  and Place of Bin  Grant Born Citizens Only - Naturalization Certificate Number  Court  EAR THAT ALL THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE  APPLICANT'S SIGNATURE  FOR OFFICE USE ONLY  ENDED LICENSE APPROVED NOT APPROVED DATE  COUNTY JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e you been arrested for any crime, been  | n a patient at any menta  | institution, or had a         | n order of pr  | otection issued against you since the last license was |
| and Place of Bin  REDACTED  go Born Citizens Only - Naturalization Certificate Number  of Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | od? (CIRCLE ONE) YES / NO                |                           |                               |                |                                                        |
| gn Born Citizens Only - Naturalization Certificate Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                           |                               |                | <del></del>                                            |
| ga Born Citizens Only - Naturalization Certificate Number  of Issuance  Court  EAR THAT ALL THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE  APPLICANT'S SIGNATURE  FOR OFFICE USE ONLY  ENDED LICENSE APPROVED NOT APPROVED DATE  COUNTY JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                           |                               |                | <del></del>                                            |
| gn Born Citizens Only - Naturalization Certificate Number  of Issuance  Count  EAR THAT ALL THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE  APPLICANT'S SIGNATURE  FOR OFFICE USE ONLY  NDED LICENSE APPROVED NOT APPROVED DATE  COUNTY JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DE                                       | DACT                      | ED                            |                |                                                        |
| FOR OFFICE USE ONLY  NOT APPROVED NOT APPROVED DATE  COUNTY JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and Place of Bin                         | EUNCI                     | ED                            |                |                                                        |
| FOR OFFICE USE ONLY  NOBED LICENSE APPROVED NOT APPROVED DATE  COUNTY JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | gu Born Citizens Only - Naturalization   | Certificate Number        | <u> </u>                      |                |                                                        |
| FOR OFFICE USE ONLY  NODED LICENSE APPROVED NOT APPROVED DATE COUNTY JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of Issuance                              |                           | Court                         |                |                                                        |
| NDED LICENSE APPROVED NOT APPROVED DATE COUNTY JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          | 'S ARE TRUE TO THE        | BEST OF MY KNO                | WLEDGE _       | APPLICANT'S SIGNATURE                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | FOI                       | ROFFICE USE ONL               | .Y             |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NDED LICENSE APPROVED                    | NOT APPROVED [            | DATE                          | <del></del>    | COUNTY JUDGE                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                           | Fluid                         | 10             | 10                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | MUI APPROVED L            | 10/14/0                       | 18             | ROWER A Bell                                           |
| RATION DATE APPX, 403 HON BODESON M. DEPARTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RATION DATE                              |                           | APPX                          | 403            | HOM PODERM OF PLANT                                    |
| ed: 1/12/2005 APPX. 403 BON. ROBERT M. DIBELLA ACTING SUPREME COURT JUST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | :d: 1/12/2005                            |                           |                               |                | ACTING SUPREME COURT JUSTICE                           |

A DECEMBERS OF REALIST CLERK

HANDONAL EXACTOM/PASSEON PS WESTSHESTER COUNTY

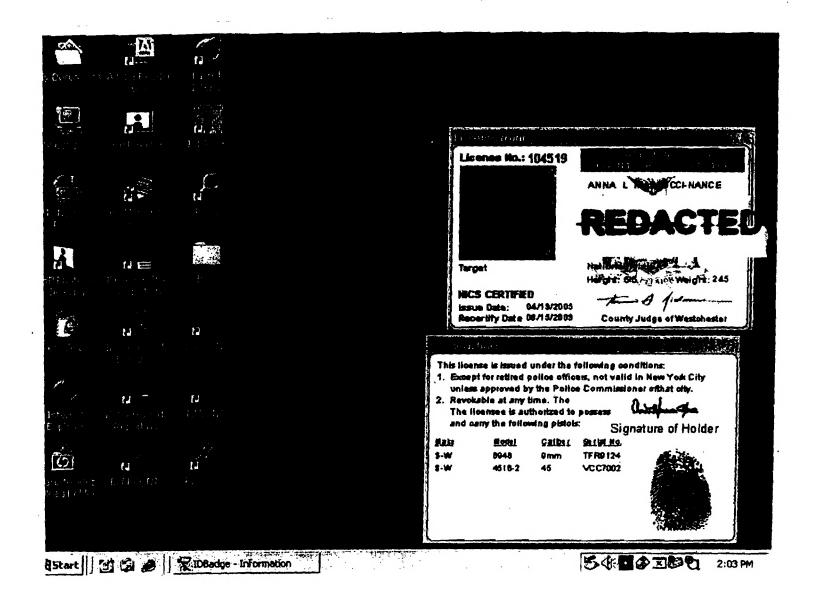
647.2572005

AL DEM

etw. aachoel

WHAL :

910.00





Andrew J. Spano County Executive

Department of Public Safety Thomas Belfiore Commissioner/Sheriff

April 11, 2005

WESTCHESTER COUNTY CLERK LEONARD N. SPAND

NATURALIZATION/PASSPORTS WESTCHESTER COUNTY

05/14/2004

35 LAP

\$10.00Cash

TUTAL :

\$10.00

Honorable Justice Westchester County Court White Plains, NY 10601

REDACTED

Dear Honorable Justice:

The above captioned individual has submitted an application to this department for a New York State Pistol Permit.

TARGET SHOOTING

A search of the files of the Division of Criminal Justice Services in Albany reveals no derogatory information.

A search of the files of the New York State Department of Mental Hygiene reveals no derogatory information.

Letters from each of the four character references attesting to the good moral character and reputation of the applicant are on file.

The applicant is a citizen of the United States by virtue of birth as evidenced by a copy of the applicant's birth certificate.

There are no means available to this Office to further verify statements made on the application.

Application is hereby forwarded with whatever action you deem appropriate.

Should you require any additional information regarding our investigation of this applicant, please contact the Pistol Permit Unit at (914) 995-2709.

Since Ply,

Thomas Belfiore Commissioner Sheriff

TB/db/cf
attachments
A New York State Accredited
Law Enforcement Agency

Saw Mill River Parkway Hawthorne, New York 10532 Telephone: (914)864-3700 Website: westchestergov.com



Andrew J. Spano County Executive

Department of Public Safety

Thomas Belfiore Commissioner/Sheriff DATE: 3/9/1

OFFICE USE ONLY

CASE #:

DET: DB

State of New York Department of Mental Hygiene 44 Holland Avenue Albany, New York 12229

Re: Applicant for a New York State Pistol License

Dear Sir:

It is hereby requested that you check your records against the name of the following, in compliance with the New York State Penal Law, Subdivision 4, Section 400.00:

PLEASE FILL IN INFORMATION:

|                  | na L. Marcucci - Nance  |
|------------------|-------------------------|
| Aliases and/or M | REDACTED REDACTED       |
| Address          | REDACTED REDACTED       |
| Date of Birth:_  |                         |
| Place of Birth:  | REDACTED                |
| Sex:             | female.                 |
| Your cooperation | is greatly appreciated. |

Thomas Belfiore

Commissioner/Sheriff

A New York State Accredited Law Enforcement Agency

Saw Mill River Parkway Hawthorne, New York 10532

NO OFFICIAL RECORD OF HOSPITALIZATION FOR MENTAL ILLNESS SINCE 1965. IF SEARCH PRIOR TO 1965 IS REQUIRED, PLEASE SUBJULT

WRITTEN REQUEST.

Telephone: (914)864. ADOP Websile Westchestergov.com



Memorandum Department of Public Safety

### PISTOL LICENSE APPLICATION OUESTIONNAIRE

|   | ANSWER ALL QUESTIONS FULLY: ATTACH SEPARATE SHEETS IF NECESSARY                                                 |
|---|-----------------------------------------------------------------------------------------------------------------|
|   | LAST NAME: FIRST: FLANCE M.I.                                                                                   |
|   | ADDRESS REDACTED REDACTED                                                                                       |
|   | HEIGHT: 5.5 - D.O.B. PEDACTED PLACE OF BIRTH PEDAC                                                              |
|   | 1) × CITIZEN BY BIRTH                                                                                           |
|   | NATURALIZED CITIZEN - NATURALIZATION NUMBER RESIDENT ALIEN ALIEN REGISTRATION NO.                               |
|   | 2) MARITAL STATUS: IF FEMALE, MAIDEN NAME                                                                       |
| ı | MARRIED DIVORCED NUMBER OF CHILDREN AT HOME                                                                     |
|   | 3) LIST ALL PLACES OF RESIDENCE FOR THE LAST FIVE YEARS.                                                        |
|   | REDACTED REDACTED                                                                                               |
|   | 3a) PHONE NUMBER (H)                                                                                            |
|   | 4) LIST ALL PLACES OF EMPLOYMENT FOR THE PAST FIVE YEARS:                                                       |
|   | NYCTA - 130 Livingston St Brackyn NY                                                                            |
|   | 5) LIST ALL PISTOLS YOU WILL BE REGISTERING:                                                                    |
|   | Smith twesson - : model 6946 - serval# TFR 9124 - c469MM - CAL45A                                               |
|   | - Smth twesson - Model-4516-2 Scinil VCC 7002                                                                   |
|   | REDACTED REDACTED                                                                                               |
|   | 7) GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THE PERSON WHO WILL SAFEGUARD THE PISTOL (S) IN THE EVENT OF YOUR |
|   | Johnnie Nances REDACTED REDACTE                                                                                 |
| • | R) LIST THE NEAREST RELATIVES NOT LIVING WITH YOU:                                                              |
|   | 1) NAME TO THE PHONE NO. REDACTED REDACTED                                                                      |
|   | 2) NAME                                                                                                         |
|   | ~OVER~                                                                                                          |

### DEPARTMENT OF PUBLIC SAFETY WESTCHESTER COUNTY POLICE

### PISTOL LICENSE UNIT

### PISTOL LICENSE APPLICATION SUPPLEMENT

| INSTRUCTIONS: Read        | each question carefully and answer each question in black ink. | Place a check mark in the box which |
|---------------------------|----------------------------------------------------------------|-------------------------------------|
| represents your response. | You MUST have this form NOTARIZED.                             |                                     |

| represents your res                           | Polisc. Too moot have this form to TA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VICED.                                                |                                |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------|
| 2) Do you ha                                  | ve, or have you ever had,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | an Order of Protection                                | YES NO NO                      |
| 2) Do you ha<br>a member                      | ve, or have you ever had,<br>of your household or any 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | an Order of Protection amily member?                  | n issued by you against        |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | YES D NO D                     |
| 3) Do you ha<br>a person                      | ve, or have you ever had,<br>other than a member of you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | an Order of Protection r household or family?         | issued by you against          |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | YES D NO D                     |
| - Note: If you notarized lett                 | u have checked YES to question of the control of th | on one (1), you MOST atta<br>include the following in | ach a signed and noticemetion: |
|                                               | The court of issuance The date of issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |                                |
| c.                                            | Complainant's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |                                |
| E.                                            | Complainant's address Complainant's telephone num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                                |
| r.                                            | Complainant's relationship Reason for issuance of Orde.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | to you                                                | *                              |
| В.                                            | The court of issuance<br>The date of issuance<br>Respondent's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |                                |
| D.                                            | Respondent's address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · V                                                   |                                |
| · F.                                          | Respondent's telephone number Respondent's relationship to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | you .                                                 |                                |
|                                               | Reason for issuance of Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |                                |
| , the undersigned ap<br>answers are true to t | pplicant, being duly sworn, deposes and<br>he best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | says under penalty of perjury tha                     | t all of the alorementioned    |
| in all                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4                                                     |                                |
| from Illan                                    | 1161 - 1/2 700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | }                                                     |                                |
| Signature of 1                                | boticaur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                |
| STATE OF NEW Y                                | DRK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       |                                |
| COUNTY OF 4                                   | Stilte Sna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |                                |
| sworn to before m                             | e this <u>19</u> day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       | 4973656                        |
| 01                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                     | 2000                           |

APPX. 408

Affix Seal Above

### WALTON A. WALLACE, JR. REDACTED NRA CERT. # 18539852

To Whom It Might Concern,

This Letter is to Certify that the below named Student has successfully completed the NRA BASIC PISTOL SAFETY COURSE as follows:

| Lesson I:   | Pistol Knowledge and Safe Gun Handling.                                                                                                                                                                                                                                                                 |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lesson II:  | Ammunition Knowledge and The Fundamentals of Pistol Shooting.                                                                                                                                                                                                                                           |
| Lesson IV:  | Two Handed and One Handed Standing Shooting Positions.                                                                                                                                                                                                                                                  |
| Lesson V:   | Pistol Sports Activities.                                                                                                                                                                                                                                                                               |
| In Addi     | tion: Care, Cleaning and the Proper Storage of Firearms, specifically pistols, have been explained.                                                                                                                                                                                                     |
| Lesson III: | Deals with the Actual Shooting of the Pistol.  Since New York State Law does not permit a student to handle a Firearm until their license has been approved a follow up lesson is provided. When the Student has obtained His / Her Permit, they wil return for Proper Instruction on the Firing Range. |
| STUDENT NA  | ME: ANNA MARCUCE - NANCE                                                                                                                                                                                                                                                                                |
| DATE OF CO  | ME: <u>ANNA MARCUCI - MANCE</u> DRSE: 4/18/04 C/25/04                                                                                                                                                                                                                                                   |
|             |                                                                                                                                                                                                                                                                                                         |

COURSE REFERENCE MATERIAL: THE BASICS OF PISTOL SHOOTING
Published by The NRA

Walter a. Wallace J.

# THE NATIONAL RIFLE ASSOCIATION OF AMERICA

Awards this certificate to

ANNA MAR CUCCI-NANCE

for successful completion of the

### NRA BASIC PISTOL COURSE

Ales UT. SINTISMEN GUTTA

Walto a. Wallaw J.

25852 581 # VUM

APPX. 410

| NYSID REDACT                                                                                           | ED 8/00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INSTRL AUNS: F             | Print or type in black ink or |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|
| LICENSE 114514                                                                                         | STATE OF NEW YORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mest                       | hoter 15                      |
| DATE MONTH ON A                                                                                        | PISTOL/REVOLVER LICENSE APPLICATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TON EXPIRATION DATE        | MACH NAME OF                  |
| OF ISSUE O TO TO TO TO                                                                                 | THE PROPERTY OF THE PROPERTY O |                            | PEDA                          |
| MAIRICIUCICII-NANIC                                                                                    | E ANNAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            | REUA                          |
|                                                                                                        | PRESENT OCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TUPATION                   | CITIZEN_OF U.S.A.             |
| 552450RBKBLK                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 OPERATOR                 | PES DNO                       |
| NYCTA TRA                                                                                              | ANS PORTATION 130 LIVIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NGSTON ST.                 | BROOKLYN NY 1120              |
| HEREBY APPLY FOR A PISTOL/REVOLVER LIC                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RRY CONCEALED              | + POSSESS ON PREMISES         |
| W POSSESS/CARRY DURING ENVIOLENT                                                                       | (* Francis address of place of display                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ment must be provid        | 104/                          |
| STREET ADDRESS ON OTHER LOCATION A LICENSE IS REQUIRED FOR THE FOLLOW!                                 | CITY, VILLAGE, TOWN  NG REASON: TARGET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            | ZIP CODE                      |
|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                               |
|                                                                                                        | S WHO BY THEIR SIGNATURE ATTEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T TO YOUR GOOD A           |                               |
| Hargrore Shirley 3                                                                                     | TREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AATE                       | Shirly Varger                 |
| Hargrove Richard                                                                                       | REDACTETY'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VOIED                      | Kichand Hargrow               |
| HUGGS EDWARF                                                                                           | PEDAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ~                          | Edward B Bus                  |
| Sarah Mungal                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CIEU                       |                               |
| HAVE YOU EVER BEEN ARRESTED OR INDICTE                                                                 | d anywhere for any offense, incl<br>following information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LUDING DVVI (EXCEPT        | TRAFFIC INFRACTIONS)?         |
| DATE POLICE AGENCY                                                                                     | CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DISPOSITION                | - COURT AND DATE              |
|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                               |
|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | •                             |
| HAVE YOU EVER BEEN TERMINATEDIDISCHARGED FRO                                                           | M ANY EMPLOYMENT OR THE ARMED FORCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S FOR CAUSE?               | YES X NO                      |
| HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOH                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | YES X NO                      |
| HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS?                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | YES X NO                      |
| HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S L<br>FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A        | LICENSE REVOKED OR CANCELLED?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            | YES X NO                      |
| DO YOU HAVE ANY PHYSICAL CONDITION WHICH CO<br>A HANDGUN?                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | YES NO                        |
| HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINS<br>OF A PROCEEDING IN FAMILY COURT?                      | T, A RESPONDENT, OR OTHERWISE BEEN A S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SUBJECT                    | YES X NO                      |
| IF ANSWER TO ANY DUESTION IS YES, EXPLAIN HERE:                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                               |
|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                               |
|                                                                                                        | ON OF FACT OR ANY FALSE ST.<br>IIS APPLICATION AND CONSTITU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                               |
| VIPRISONME                                                                                             | NT, OR BOTH.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                               |
|                                                                                                        | RE THAT THE FOLLOWING CONI<br>CUED TO ME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DITIONS AFFECT             | ANY LICENSE WHICH             |
| . ANY LICENSE ISSL                                                                                     | ED AS A RESULT OF THIS APPLICATION IS VALID IN TH<br>JED AS A RESULT OF THIS APPLICATION WILL BE VALID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | O ONLY FOR A PISTOL OR     |                               |
| IF PERMANENTLY                                                                                         | FICALLY DESCRIBED IN THE LICENSE PROPERLY ISSUED<br>Y CHANGE MY ADDRESS, NOTICE OF SUCH CHANGE AN<br>TO THE SUPERINTENDENT OF THE STATE POLICE AND H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID MY NEW ADDRESS MUST     | OLK COUNTY. 4973656           |
| TO THE LICENSING                                                                                       | G OFFICER OF THAT COUNTY, WITHIN 10 DAYS OF SUC<br>JED AS A RESULT OF THIS APPLICATION IS SUBJECT TO<br>ENSING OFFICER OR ANY JUDGE OR JUSTICE OF A COL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | O REVOCATION AT ANY        | 2                             |
|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DAT OF RECORD.             | delle                         |
|                                                                                                        | JURAT:<br>SIGNED AND SWORN TO BEFORE M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AF 💮                       |                               |
|                                                                                                        | THIS DAY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TEB                        | 20 00                         |
| $\mathcal{A}$                                                                                          | AT I VEST CHESTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | COUNTY                     | LOUISENEW YORK                |
| Tame Massuce Home                                                                                      | Till on 1 1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                          | , 1707 1 OF 111               |
| SIGNATURE OF APPLICANT                                                                                 | A MONEY ANGHATURA ON A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SPRICER ADMINISTERING OATH |                               |
|                                                                                                        | WITH FULL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                               |
| THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3. | APPX. 477 LICATION NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OT VALID UNLES             | S SWORN                       |

136-PP82 136-PP83A

| 1. RIGHT THUMB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2. NIGHT FOREFING                            | ER 3. HIGHT MIDDLE FINGER              | 4. RIGHT RING FII              | TO AIGHT ETTE FINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| REI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DACTE                                        | REDACTE                                | ED (E                          | DACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sur Sur Primer                               | Haires at a                            | به مديد و                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                            |                                        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | REDACTE                                | D                              | MOTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| CTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>YGB</b>                                   |                                        | KEL                            | ACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |                                | A SECTION LIGHT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DIAM                                         | IMPRESSIONS MAKEN SIN                  | AULTA DELY                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FET FOUR FINGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FLAN                                         | INIT RESSIONS AFAREN SIN               | RIGHT FOUR FINGE               | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | THUMBS TAKEN TOGETHER                  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                            | THUMBS TAKEN TOGETHER                  | . 1                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        | DE                             | 24070                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| RFI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ACTED                                        |                                        | TVE.                           | DACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |                                | Construction of the second of |
| UPRESSIONS AKEN BY: MAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | · Palleyn                                    | RANK IN                                | SHIELD                         | 34 DATE 3/9/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| PPLICANT'S SIGNATURE AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ADDRESS: Lana Mai                            | repeci - Dar - R                       | FDACE                          | EDACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| VVESTIGATION P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | MATION PROVIDED BY TH                  | IS APPLICANT HA                | S BEEN VERIFIED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ٠                                            | RANK UK                                | ORGANI                         | ZATION WGD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| AME WENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4/19/05                                      |                                        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VAL - DISAPPROVAL: ISTAIK                    |                                        |                                | STIGATING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| HIS APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PPROVED - DISAPPROV                          | VED ISTRIKE OUT ONE) THE               | FOLLOWING RESTRICT<br>LICENSE: | ION(S) IS (ARE) APPLICABLE T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | カ                                      | 5                              | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ND SIGNATURE OF LICENSING OFFICER            |                                        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| F LICENSING OFF<br>ORIGINAL LICENS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FICER AUTHORIZES THE<br>E, FURNISH THE FOLLO | POSSESSION OF A PISTOWING INFORMATION: | OL OR REVOLVER                 | AT THE TIME OF ISSUE (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| MANUFACTURER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PISTOL OR REVOLVER CALIBER                   | SERIAL NUMBER                          | MODEL                          | PROPERTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| nithtwessor !                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Pistol V 19mm                                | TFR 9124                               | 6946                           | Hariantostotizados es                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| m. + htvesson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P. Stol MYSACP                               | y VCC 7002                             | 4516-2                         | 677 Courses De Lyolay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |                                | NYState LIC!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                        |                                | 109245-F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| UPLICATE OF THIS APPLICAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TION MUST BE FILED WITH THE SUPER            | INTENDENT OF STATE POLICE WITHIN 10 DA | AYS OF ISSUANCE AS REQUIRE     | D BY PENAL LAW SECTION 400.00 SUBD.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| The state of the s |                                              | ΔΡΡΧ Δ12                               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

NYS OFFICE OF THE ATTORNEY GENERAL WESTCHESTER REGIONAL OFFICE

FEB 04 2009

SUPREME COURT OF THE STATE OF NEW YORK APPELLATE DIVISION: SECOND DEPARTMENT

Docket No.



In the Matter of ALAN KACHALSKY,

NOTICE OF PETITION

Petitioner,

-against-

SUSAN CACACE, as Justice of the County Court,

| Respondent. |  |
|-------------|--|
|             |  |

PLEASE TAKE NOTICE that upon the petition of Alan Kachalsky, verified on the 4<sup>th</sup> day of February, 2009, an application will be made to this Court to be held at the Court House, 45 Monroe Place, Brooklyn, NY 11201, on the 20th day of March, 2009, at 9:30 o'clock in the forenoon or as soon thereafter as counsel can be heard for a judgment granting the relief demanded in the petition and that a verified answer and supporting affidavits, if any, must be served at least five days before such time.

PLEASE TAKE FURTHER NOTICE that pursuant to Section 7804 of the Civil Practice Law and Rules you are directed to file with the Clerk of the Court your answer, and answering affidavits, etc. together with a certified transcript of the record of the proceeding, together with the entire official file containing the records of the petitioner herein held by the Respondent and referred to in said hearing as being in the record as official records kept by the Respondent herein.

Dated: Rye Brook, New York February 4, 2009

ALAN KACHALSKY, ESQ.

Attorney for Petitioner, Howard Silberman 800 Westchester Avenue, Suite S-608

Rye Brook, NY 10573

(914) 220-5324

e-mail: catchsky@earthlink.net

### To:

Pistol Permit Department County of Westchester 110 Dr. Martin Luther King Jr. Blvd., Rm. 340A White Plains, New York 10601 (914) 995-2709

Office of the Attorney General Westchester Regional Office 101 E. Post Road White Plains, NY 10601-5008 (914) 422-8755 HON. SUSAN CACACE County Court Judge 111 Dr. Martin Luther King Jr. Blvd. White Plains, New York 10601 (914) 824-5401

Charlene M. Indelicato County Attorney, County of Westchester 148 Martine Ave., Rm 600 White Plains, New York 10601 (914) 995-5858

### SUPREME COURT OF THE STATE OF NEW YORK APPELLATE DIVISION: SECOND DEPARTMENT

In the Matter of ALAN KACHALSKY,

### **VERIFIED PETITION**

Petitioner,

-against-

SUSAN CACACE, as Justice of the County Court,

| Respondent. |  |
|-------------|--|
|             |  |
|             |  |

The petition of ALAN KACHALSKY, respectfully shows:

- That petitioner is a resident of the County of Westchester, State of New York, to wit: 47C
   Rye Colony, Peck Avenue, Rye, New York.
- 2. That Petitioner applied for a pistol permit pursuant to Penal Law Section 400.00.
- 3. A Decision and Order, of the Hon. Susan Cacace, Westchester County Court Judge (in its capacity as handgun licensing officer for the County of Westchester, pursuant to Penal Law §265.00(10)), was filed and entered on October 8, 2008. The Order denied Petitioner's application for an unrestricted full carry pistol permit. Annexed hereto as Exhibit "1" is a copy of the Decision and Order.
- 4. That Petitioner, by the order of the Hon. Susan Cacace, has been deprived of a valuable property right and a valuable Constitutional Right and therefore violated N.Y. C.P.L.R. § 7803(3) in making its determination to deny Petitioner an unrestricted full carry pistol permit, and therefore denying Petitioner his right, pursuant to the Second Amendment of the Constitution of the United States "to keep and bear arms."

5. That the determination under review was made in violation of lawful procedure, was affected by an error of law and/or was arbitrary and capricious or an abuse of discretion, including abuse of discretion.

### Penal Law Section 400.00(2)(f) Places Unconstitutional Burden on Petitioner

- 6. The Decision denying petitioner's concealed pistol permit states that "In order for the issuance of a license to "have and carry concealed without regard to employment or place of possession by any person, " the Court must find "proper cause exists for the issuance thereof." Penal Law §400.00(2)(f).
- 7. The Second Amendment provides that: "A well regulated Militia, being necessary to the security of a free State, the right of the people to keep and bear Arms, shall not be infringed."
- 8. Imposing a requirement on Petitioner to demonstrate proper cause exists for the issuance of a concealed pistol permit is an infringement of petitioner's right to keep and bear arms; thus §400.00(2)(f) of the Penal Law violates the Second Amendment of the Constitution of the United States.

### District of Columbia v. Heller

- In District of Columbia v. Heller, 128 S.Ct. 2783, 171 L.Ed.2d 637, 76 USLW 4631, the Supreme Court of the United States held that the District of Columbia statute which banned handgun possession in the home violated the Second Amendment.
- 10. In doing so, the Court further held that (1) the Second Amendment conferred an individual right to keep and bear arms, and (2) statutes banning handgun possession in the home violated the Second Amendment.
- 11. The Court in *Heller* further analyzed the meaning of the term "bear arms," as used in the Second Amendment, and stated, in relevant part:

At the time of the founding, as now, to "bear" meant to "carry." See Johnson 161; Webster; T. Sheridan, A Complete Dictionary of the English Language (1796); 2 Oxford English Dictionary 20 (2d ed.1989) (hereinafter Oxford). When used with "arms," however, the term has a meaning that refers to carrying for a particular purpose-confrontation. In *Muscarello v. United States*, 524 U.S. 125, 118 S.Ct. 1911, 141 L.Ed.2d 111 (1998), in the course of analyzing the meaning of "carries a firearm" in a federal criminal statute, Justice Ginsburg wrote that "[s]urely a most familiar meaning is, as the Constitution's Second Amendment ... indicate[s]: "wear, bear, or carry ... upon the person or in the clothing or in a pocket, for the purpose ... of being armed and ready for offensive or defensive action in a case of conflict with another person." Id., at 143, 118 S.Ct. 1911 (dissenting opinion) (quoting Black's Law Dictionary 214 (6th ed.1998)). We think that Justice GINSBURG accurately captured the natural meaning of "bear arms." 128 S.Ct. @ 2793.

### 12. Further, as the Court stated in Heller,

"But the enshrinement of constitutional rights necessarily takes certain policy choices off the table. These include the absolute prohibition of handguns held and used for self-defense in the home. Undoubtedly some think that the Second Amendment is outmoded in a society where our standing army is the pride of our Nation, where well-trained police forces provide personal security, and where gun violence is a serious problem. That is perhaps debatable, but what is not debatable is that it is not the role of this Court to pronounce the Second Amendment extinct." 128 S.Ct. @ 2822.

- 13. Petitioner contends that Penal Law §400.00(2)(f)'s requirement that applicants must demonstrate that "proper cause exists for the issuance thereof" is unconstitutional in that it stands the meaning of the word 'right' on its head. A 'right' is not something one must demonstrate a need for! Is one required to demonstrate a need for one's Right to Free Speech prior to exercising this right? Is one required to apply for a license to exercise their right to free speech?
- 14. Furthermore, to require one to demonstrate that proper cause exists for the issuance of a concealed pistol permit is antithetical to the purpose of carrying a concealed weapon. One carries a concealed weapon either for one of two reasons: defensive purposes or offensive purposes.

### **Defects in Procedure & Application**

- 15. The application provided to me by the Westchester County Police Pistol Licensing Unit included a form entitled 'Attachment: Full Carry.' The form said: 'List all factors which you believe to be relevant to your application and which establish <u>proper cause</u> for the issuance of a firearm license for the purpose of Full Carry.'
- 16. I responded to this question as follows (see exhibit "2," annexed hereto).

The factors which establish proper cause for the issuance to myself of a Full Carry pistol Permit are: 1) The Second Amendment of the Constitution grants citizens the right to bear arms. As a citizen, I am therefore entitled to exercise my Constitutional right to bear arms. I believe that Constitutional right entitles me to the permit without further the need to establish "proper cause."

If the issuing agency for some reason requires more than this, then I will cite the fact that we live in a world sporadic random violence might at any moment place one in a position where one needs to defend oneself or possibly others, e.g. random shootings in universities (Virginia Tech), post offices, airline check-in counters, malls, road rage, as well as the run-of-the-mill street muggings and robberies. While the odds of finding oneself in a Virginia Tech type situation are remote, one must reflect that had there been even one armed person, the death toll might have been considerably less than 31 dead. While one never knows what one might do in such situations, it is my belief that it is better to have the option to defend oneself (and others) than not to have the option. As a pilot and a skydiver, I have been trained to handle emergencies, and I have actually handled several emergencies, so it is unlikely that I will respond in a dangerous manner.

17. What more can one say in response to an absurd question asking to 'List all factors which you believe to be relevant to your application and which establish <u>proper cause</u> for the issuance of a firearm license for the purpose of Full Carry.' Is one required to actually have been threatened in order to be entitled to exercise one's Constitutional Right to "keep and bear arms?" That is certainly an absurd requirement as well as an absurd question.

Certainly, the Westchester County Police know that except in rare instances, such as domestic violence, or perhaps loan shark 'victims,' a potential 'victim' does not get a threat before being beaten, murdered or robbed. I would guess that most homicides don't come with a one year (which seems to be about the waiting time for a law-abiding citizen with no

- criminal record, such as petitioner, to be rejected after applying for a Full Carry permit) 'warning.'
- 18. The requirement set forth in Section 400.00(2)(f) of the Penal Law, to demonstrate that proper cause exists for the issuance of a license 'to have and carry concealed, without regard to employment or place of possession thereof', (hereinafter referred to as a "Carry Permit") places an improper and unconstitutional burden on petitioner as a prerequisite to petitioner's exercise of his Second Amendment right to keep and bear arms.
- 19. Furthermore, the Decision denying my application for a Carry Permit (exhibit "1,") also states that "He has not stated any facts which would demonstrate a need for self protection distinguishable from that of the general public."
- 20. The only pertinent question asked on the application is 'list all factors which you believe to be relevant to your application and which establish proper cause for the issuance of a firearm license for the purpose of Full Carry.' Nowhere does the application mention that the applicant is required to state "facts which would demonstrate a need for self protection distinguishable from that of the general public," such as to put the applicant on notice that this is a requirement.
- 21. One is not required to state any facts to demonstrate a 'need' to exercise one's Constitutional (and god-given) rights! Would the Court uphold the imposition of such a requirement in order to exercise one's right to attend religious services (freedom of religion) or to exercise one's right to post comments on a 'blog' (right to free speech)? Where does the Westchester County Police derive the authority to require an applicant to demonstrate a need for self protection distinguishable from that of the general public?"
- 22. And, if there is such a requirement to "demonstrate a need for self protection distinguishable from that of the general public,", it is respectfully submitted that the fundamental principles

of due process as well as ordinary fairness and common sense require that the applicant be placed on notice of such requirement in the application, rather than ambushing an applicant with the 'failure' to distinguish his need for self-protection from that of the general public.

### The Issuing Agency failed to provide Petitioner with the specific reasons for the denial of the permit, or an opportunity to respond to the objections to his application.

- 23. The Decision also states that "The Westchester County Department of Public Safety has forwarded a recommendation that his application be denied."
- 24. Petitioner was never given the specific reasons for the Department of Public Safety's recommendation that the applicant be denied, nor was Petitioner given an opportunity to respond to the objections to his application, as required by *Babu v. Lange*, 164 A.D.2d 910, 559 N.Y.S.2d 747 (N.Y.A.D. 2 Dept., 1990).
- 25. In Savitch v. Lange 114 A.D.2d 372, 493 N.Y.S.2d 889, the 2<sup>nd</sup> Dept. held that it was improper to give as sole reason for denial of pistol license the fact that police commissioner recommended that application for pistol license be disapproved.
- 26. Penal Law § 400.00 [4- a] also requires that the licensing officer must, if she denies the petitioner be given the specific reasons for the denial of the pistol license, as well as an opportunity to respond to the objections to her application.
- 27. Penal Law § 400.00 [4- a] also requires that "the licensing officer shall either deny the application for reasons specifically and concisely stated in writing or grant the application and issue the license applied for.
- 28. To pretend or to hold that the failure of the applicant to state "any facts which would demonstrate a need for self protection distinguishable from that of the general public" constitutes the requisite specific reasons required by § 400.00 [4- a] of the Penal Law is illogical and disingenuous. It is the equivalent of "Heads I win, tails you lose." If licensing officer cannot find a specific reason to deny the application, then they will deny the

- application because the applicant failed to provide a specific reason why he required it.

  Heads I win, tails you lose!
- 29. Nor does the (undoubtedly usual and customary) totally unsupported and unspecific boilerplate recommendation of the Westchester County Department of Public Safety that the application be denied constitute a specific reason. I have no doubt that the Westchester County Department of Public Safety recommends that 95% of applications be denied, with the same utter lack of specificity, except in those cases where they are actually able to come up with a specific reason, (see paragraph 32).
- 30. It is the epitomy of arbitrariness and capriciousness to justify denying a permit based on recommendations of the The Westchester County Department of Public Safety which fail to specify any reason at all. This situation creates the danger of the perception that the granting of Carry Permits is based on membership in the 'privileged class;' members of 'the club,' so to speak; which again, is further evidence that to allow applicants to be denied without any specific reason being stated is of itself arbitrary and capricious.
- 31. It is respectfully suggested that the 'specific reasons for the denial' should mean precisely that specific reasons not the absence of specific reasons, or the failure to state "any facts which would demonstrate a need for self protection distinguishable from that of the general public.", which is what the instant denial is clearly based on. Clearly the 'specific reasons contemplated by § 400.00 [4-a] are those found in cases cited in paragraph 32.
- 32. Numerous cases specify the reasons for denying Full Carry Permits. These reasons nkud:
  - a. Lack of "the requisite maturity, good judgment and temperament to carry a pistol, as evidenced by the applicant having been arrested and charged with stalking in the fourth degree in connection with his repeated unwelcomed interactions with his ex-girlfriend and her family *Dorsey v. Teresi*, 26 A.D.3d 635, 809 N.Y.S.2d 617, 2006 N.Y (3<sup>rd</sup> Dept.,2006);

- b. Prior arres:s based upon having misrepresented his identity to police officer when stopped for speeding, as well as failing to disclose arrest history on application, and subsequent misrepresenttion to the Court of circumstances leading to, and reasons for his nondisclosure. Westfall v. Lange, 175 A.D.2d 290, 572 N.Y.S.2d 739 (2<sup>nd</sup> Dept., 1991).
- c. Conviction of unlawful entry and conviction for driving while impaired and driving while intoxicated. *Schnell v. Spano*, 120 A.D.2d 669, 502 N.Y.S.2d 263, (2nd Dept.,1986);
- d. Six arrests where Petitioner submitted uncontested explanations regarding the circumstances of the arrests. *Servedio v. Bratton*, 268 A.D.2d 356, 702 N.Y.S.2d 264 (1st Dept.,2000).
- 33. When, as in the case at bar, the licensing officer is unable to specify a reason for denying the license, it is respectfully contended that it constitutes an abuse of discretion, as well as being arbitrary and capricious, to uphold the denial based upon nothing more than the reasons set forth in the decision (exhibit "1,"), to wit: "that "The Westchester County Department of Public Safety has forwarded a recommendation that his application be denied," and "He has not stated any facts which would demonstrate a need for self protection distinguishable from that of the general public."
- 34. In Leone v. Silverman, 153 A.D.2d 862, 545 N.Y.S.2d 582 ( 2<sup>nd</sup> Dept.,1989), the Court held that it was an abuse of discretion to revoke the applicant's pistol license where the information before the court was the same as that before the court which originally issued the license, there was no indication that licensee had not made full disclosure on his original application, and there was no evidence of an act after the grant of the license demonstrating unfitness to carry a pistol.
- 35. The only relevant distinction between the case at bar, and Leone, is that the case at bar involves an initial application, whereas Leone involved an application to modify a pistol license. In the case at bar, as well as in Leone, there was no indication of failure to make full disclosure, nor was there any evidence of an act demonstrating unfitness to carry a pistol.

36. Under these circumstances, it would clearly be arbitrary and capricious to grant the modification of Leone's application while denying Petitioner's application when there is no logical distinction other than that one is an initial application and the other is a modification application. Neither Leone nor petitioner failed to make full disclosure, nor was there any evidence of an act demonstrating unfitness to carry a pistol, however, Leone is granted a license to exercise his Second Amendment Right to keep and bear arms, whereas petitioner is denied this right. Action taken which has no foundation in fact or reason is, by definition, arbitrary and capricious. Miller v. Valley Forge Village, 43 N.Y.2d 626, 374 N.E.2d 118, 403 N.Y.S.2d 207.

WHEREFORE, petitioner respectfully asks for an Order:

- setting aside, annulling and voiding the Order of the Hon. Susan Cacace, County Court Judge (in her capacity as handgun licensing officer for the County of Westchester) which denied petitioner's application for an unrestricted full carry pistol permit (Exhibit "1"), and;
- b, enjoining, on Second Amendment grounds, the State of New York from enforcing the requirement set forth in Penal Law §400.00(2)(f), that the Court must find "proper cause exists for the issuance of a full-carry permit, and;
- granting Petitioner a license as set forth in §400.00(2)(f) of the Penal Law" to "have and carry concealed, without regard to employment or place of possession (referred to herein, as in the Decision and Order of the Hon. Susan Cacase, as an "unrestricted full carry pistol permit")

Dated: Rye Brook, New York February 4, 2009

ALAN KACHALSKY, ESQ.

Attorney for Petitioner

800 Westchester Avenue, Suite 608

Rye Brook, New York 10573

(914) 696-5555

TO:

Pistol Permit Department County of Westchester 110 Dr. Martin Luther King Jr. Blvd. White Plains, New York 10601 (914) 995-2709

HON. SUSAN CACACE County Court Judge 111 Dr. Martin Luther King Jr. Blvd. White Plains, New York 10601 (914) 824-5401

Office of the Attorney General Westchester Regional Office 101 E. Post Road White Plains, NY 10601-5008 (914) 422-8755

Charlene M. Indelicato County Attorney, County of Westchester 148 Martine Avenue White Plains, New York 10601 (914) 995-5858

### **VERIFICATION**

STATE OF NEW YORK ) :ss:
COUNTY OF WESTCHESTER )

ALAN KACHALSKY, being duly sworn, says that he is the Petitioner in the above-named proceeding and that the foregoing petition is true to his own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters he believes it to be true.

ALAN KACHALSKY, Petitioner

Sworn to before me this 5th day of February, 2009

Notary Public

DONNA M. CCMPITO
NOTARY PUBLIC, STATE OF NEW YORK
OUALIFIED IN WESTCHESTER COUNTY
COMMISSION EXPIRES MAY 8, 2009

### SUPREME COURT OF THE CITY OF NEW YORK APPELLATE DIVISION: SECOND DEPARTMENT

In the Matter of ALAN KACHALSKY,

Petitioner,

Docket No.

-against-

SUSAN CACACE, as Justice of the County Court

Respondent.

### ARTICLE 78 PETITION (RE: DENIAL OF FULL-CARRY PISTOL PERMIT)

### ALAN KACHALSKY, ESQ.

Attorney for Alan Kachalsky 800 Westchester Avenue Rye Brook, New York 10573 (914) 220-5324

Rule 130-1.1-a certification

ALAN KACHALSKY, ESQ.

TO:

Pistol Permit Department County of Westchester 110 Dr. Martin Luther King Jr. Blvd., Rm. 340A White Plains, New York 10601 (914) 995-2709

Office of the Attorney General Westchester Regional Office 101 E. Post Road White Plains, NY 10601-5008 (914) 422-8755 HON. SUSAN CACACE County Court Judge 111 Dr. Martin Luther King Jr. Blvd. White Plains, New York 10601 (914) 824-5401

Charlene M. Indelicato County Attorney, County of Westchester 148 Martine Ave., Rm 600 White Plains, New York 10601 (914) 995-5858

### SUPREME COURT OF THE CITY OF NEW YORK APPELLATE DIVISION: SECOND DEPARTMENT

In the Matter of ALAN KACHALSKY,

Petitioner,

Docket No.

-against-

SUSAN CACACE, as Justice of the County Court

Respondent.

### ARTICLE 78 PETITION (RE: DENIAL OF FULL-CARRY PISTOL PERMIT)

### ALAN KACHALSKY, ESQ.

Attorney for Alan Kachalsky 800 Westchester Avenue Rye Brook, New York 10573 (914) 220-5324

Rule 130-1.1-a certification

ALAN KACHALSKY, ESQ.

TO:

Pistol Permit Department County of Westchester 110 Dr. Martin Luther King Jr. Blvd., Rm. 340A White Plains, New York 10601 (914) 995-2709

Office of the Attorney General Westchester Regional Office 101 E. Post Road White Plains, NY 10601-5008 (914) 422-8755

HON. SUSAN CACACE County Court Judge 111 Dr. Martin Luther King Jr. Blvd. White Plains, New York 10601 (914) 824-5401

Charlene M. Indelicato County Attorney, County of Westchester 148 Martine Ave., Rm 600 White Plains, New York 10601 (914) 995-5858

| SUPREME COURT OF THE STATE OF NEW YORK APPELLATE DIVISION: SECOND DEPARTMENT |    |
|------------------------------------------------------------------------------|----|
| In the Matter of                                                             | -X |
| ALAN KACHALSKY                                                               |    |
|                                                                              |    |

Petitioner,

For a judgment under Article 78 of Civil Practice Law and Rules

ANSWER AND AFFIRMATION IN OPPOSITION TO ARTICLE 78 PETITION

-against-

HON. SUSAN CACACE, Westchester County Court Judge of the State of New York,

| Respondent. |  |
|-------------|--|
| <br>x       |  |

CHARLES F. SANDERS, an attorney duly admitted to the Bar of this State affirms and states as follows, under penalties of perjury:

- 1. I am an Assistant Attorney General in the Office of Andrew M. Cuomo.

  Attorney General of the State of New York, attorney for respondent the Honorable Susan Cacace,

  Westchester County Court Judge of the State of New York ("Judge Cacace" or "respondent") in

  this Article 78 proceeding brought by petitioner Alan Kachalsky ("petitioner").
- 2. I submit this answer and affirmation in opposition to petitioner's Article 78 petition. I am familiar with this matter based upon a review of the papers submitted by petitioner, the underlying proceedings, and through conversations with Chambers of Judge Cacace.
- Petitioner brings this Article 78 petition seeking an order annulling the October
   2008 Decision and Order of Judge Cacace, a writ of mandamus compelling Judge Cacace to

issue an unrestricted "Full Carry" pistol license to petitioner pursuant to New York State Penal Law Section 400, and a writ of prohibition enjoining the State of New York from enforcing the requirements of Section 400 that a court find "proper cause" for issuing full-carry permits. For the reasons set forth herein, petitioner's application should be denied.

4. All allegations in the petition are denied unless specifically admitted herein.

### Statutory/Regulatory Framework

- 5. Penal Law §400.00(1) states, in pertinent part: "No license shall be issued or renewed pursuant to this section except by the licensing officer, and then only after investigation and finding that all statements in a proper application for a license are true."
- 6. Penal Law §400.00(2)(f) states, in pertinent part: "A license for a pistol or revolver . . . shall be issued to, have and carry concealed, without regard to employment or place of possession, by any person when proper cause exists for the issuance thereof."
- 7. Penal Law §400.00(4) states, in pertinent part: "Before a license is issued or renewed, there shall be an investigation of all statements required in the application by the duly constituted police authorities of the locality where such application is made."
- 8. Penal Law §265.00(10) defines "licensing officer" and for the purposes of Westchester County said licensing officer is a county court judge.

### Statement of Facts

- 9. On May 13, 2008, Petitioner submitted an application for a New York State unrestricted "Full Carry" pistol license. <u>See</u> Attachment: Full Carry, Petition, Exhibit 2.
- 10. Judge Cacace, in her capacity as a handgun licensing officer for the County of Westchester, reviewed and considered the Westchester County Department of Public Safety's

background investigation of petitioner prior to making a determination with respect to the proposed issuance of a pistol permit. See Decision and Order, Petition, Exhibit 1 at 1.

11. By Decision and Order, dated October 8, 2008, Judge Cacace denied petitioner's application for a unrestricted Full Carry pistol license based on petitioner's failure to demonstrate "a need for self protection distinguishable from that of the general public." See Decision and Order, Petition, Exhibit 1 at 2.

### Argument

### Respondent Reasonably Exercised Her Discretion When She Denied Petitioner's Pistol Permit Application

- determination was rationally based and not arbitrary and capricious. Sumowicz v. Kelly, 14

  A.D.3d 407 (1st Dep't 2005), appeal den., 5 N.Y.3d 712 (2005)(court upheld denial of pistol permit because it was a rationally based administrative determination); Matter of Bernstein v.

  NYPD, 85 A.D.2d 574,574 (1st Dep't 1981)(denial of full carry pistol license not arbitrary and capricious where petitioner has failed to establish "proper cause"). To the extent that petitioner relies on Leone v. Silverman, 153 A.D.2d 862 (2nd Dep't 1989), that case is distinguishable in that the first court that granted the original license had already found a sufficient basis to grant the petitioner a license, whereas here, no such basis exists.
- 13. Where there is a rational basis for the determination, the court may not disturb the agency's decision. This is so "even where the court might have reached a contrary result."

  Kaplan v. Bratton, 249 A.D.2d 199, 201 (1st Dep't 1998)(judicial review in pistol permit cases "is limited to deciding whether the agency's actions were arbitrary and capricious").

- 14. Indeed, it is well-settled that "[t]he possession of a handgun license is a privilege rather than a right." Sewell v. City of New York, 182 A.D.2d 469, 472 (1st Dep't 1992), appeal denied, 80 N.Y.2d 756 (1992). See also, Williams v. Bratton, 238 A.D.2d 269, 270 (1st Dep't 1997).
- 15. Thus, a pistol permit may be denied for any good cause. Marlow v. Buckley, 105 A.D.2d 1160, 1161 (4th Dep't 1984). A licensing officer possesses exceptionally broad discretion in determining whether to issue a pistol permit. See Eddy v. Kirk, 195 A.D.2d 1009, 1010 (4th Dep't 1993), aff'd sub nom. O'Connor v. Scarpino, 83 N.Y.2d 919 (1994).
- 16. Judge Cacace's decision denying petitioner's pistol permit application, based upon petitioner's failure to demonstrate factors warranting a need for self protection different from the general public is rationally supported by the record and, therefore, is neither arbitrary nor capricious. Fromson v. Nelson, 178 A.D.2d 479 (2nd Dep't 1991) (pistol licensing officer has broad discretion in ruling on permit applications, which the licensing officer can deny for any good reason); Matter of Klenosky v. NYPD, 75 A.D.2d 793 (1st Dep't 1980)(failure of petitioner to sufficiently demonstrate a special need for self-protection distinguishable from that of the general community or persons engaged in the same profession provided sufficient basis to deny the application). After a review of the record, including petitioner's application, Judge Cacace rendered the October 8, 2008 Decision and Order to deny the license based on petitioner's failure to demonstrate proper cause for the need of an unrestricted full carry pistol license.

Respondent is not Required to Provide Petitioner an Opportunity to Respond to Objections to his Application in Cases Where the Petitioner has not Met his Burden to Establish Proper Cause

17. An applicant for an "On-premises" pistol permit (in contrast to "Full Carry")

must meet four requirements: 1) good moral character; 2) no prior felony or serious offense convictions; 3) no history of mental illness; and 4) for whom no "good cause" exists to deny the license. See Archibald v. Codd, Police Commissioner of the City of New York, 59 A.D.2d 867 (1st Dep't 1977); Penal Law § 400.00(2). Applicants seeking a license for a Full Carry pistol permit must meet an additional requirement that "proper cause exists for the issuance thereof".

See Penal Law § 400.00(1)(e); Archibald at 867. Petitioner has failed to meet his burden of establishing "proper cause".

18. At least one case suggests that an applicant needs to be given an opportunity to respond to any objections against the application *only if* the licensing officer relies on the objections, and the reasons therefore, to make its determination. See Matter of Demyan v. Monroe, 108 A.D.2d 1004, 1005 (3rd Dep't 1985)(citing Matter of Guida v. Dier, 54 A.D.2d 86, 87 (3rd Dep't 1976). Although Judge Cacace mentions the Westchester County Department of Public Safety's recommendation, the decision and order is based upon Petitioner's failure to establish proper cause. See Decision and Order, Petition, Exhibit 1 at 2.

objections to his or her application, see Matter of Savitch v. Lange, 114 A.D.2d 372, 373 (2nd Dep't 1985), there is no need for such an opportunity when the decision to deny is based on a failure by the applicant to meet the application requirements. See supra at 17; Matter of Bando v. Sullivan, 290 A.D.2d 691, 692-93 (3rd Dep't 2002)(denial not arbitrary and capricious where applicant failed to establish "proper cause" for a "Full Carry" permit). In this case Petitioner was fully aware of the potential negative history, having submitted the information and statements in his application, and was given a full opportunity at the time of the application to clarify these

incidents. See Petitioner's Application and Supporting Statements, Exhibit A. Furthermore, the recommendation for denial of Petitioner's application by the Department of Public Safety was not based on the negative history in Petitioner's application, but was based on the fact that he was unable to demonstrate a need for self-protection different from that of the general public – the same grounds Judge Cacace denied the application on. See Decision and Order, Petition, Exhibit 1; Department of Public Safety's Recommendation of Disapproval, Exhibit B. An applicant only needs to be given an opportunity to respond when the determination is based on information not available to him or her, therefore petitioner's assertion that he has been denied an opportunity to respond is unavailing.

### Requiring A Pistol Permit Is Proper Under New York Law

20. Contrary to petitioner's allegations (see Petition, p. 7), his civil and constitutional rights have not been violated. The Second Amendment to the U.S. Constitution does not limit the authority of the states to regulate arms, especially handguns and pistols. By neither the Second Amendment nor Civil Rights Law §4 does an individual have an unfettered right to possess and bear arms absent any regulation, for the courts have stated that:

While the petition under article 78 of the Civil Practice Act invokes the guarantee of the Second Amendment to the Constitution of the United States, petitioner's brief on this appeal relies not upon those provisions but upon section 4 of the Civil Rights Law, which, except for the substitution of "cannot" for "shall not" is in ipsissimis verbis as those of the Second Amendment. Accordingly, authoritative Federal decisions construing the Second Amendment may properly be applied to the State statute in the interest of homogeneity of interpretation. (Matter of Weiden, 263 N.Y. 107; Matter of Cregan, 276 N.Y. 337.) Obviously, petitioner cannot rest his case upon the Second Amendment which is a limitation upon the exertion of the power of Congress and the national government, but not upon that of the state. (United States v. Cruikshank, 92 U.S. 542, 553; Presser v. Illinois, 116 U.S. 252, 265.) Moreover, the Second Amendment created no right

to bear arms, a right which long ante-dated the adoption of the Federal Constitution, having originated in a design to strengthen the national militia, an institution first established by King Alfred. (Robertson v. Baldwin, 165 U.S. 275, 282; United States v. Miller 307 U.S. 174, 179.) Indeed, the main purpose of the Second Amendment was to enable the Federal Government to maintain the public security. (Presser v. Illinois, supra.) Again, the Supreme Court of the United States has held that the right to keep and bear arms is not infringed by laws prohibiting the carrying of concealed weapons (Robertson v. Baldwin, 165 U.S. 275, 281, 282)....

Matter of Moore v. Gallup, 267 A.D. 64, 67-68 (3rd Dep't 1943), affirmed, 293 N.Y. 846 (1944). Despite the U.S. Supreme Court's recent decision in District of Columbia v. Heller, 128 S.Ct. 2783 (2008), that the Second Amendment provides a right for an individual to own a handgun, that case was limited to the narrow question of whether an outright prohibition on gun ownership was constitutional. In fact, the Supreme Court held in Heller that the Second Amendment did not guarantee a "right to keep and carry any weapon whatsoever in any manner whatsoever and for whatever purpose". See id. at 2816. Currently New York law requires the licensing of individuals seeking to possess a handgun within its jurisdiction and a showing of proper cause for an unrestricted full carry pistol license. Clearly, that is both the prevailing law and the law to be applied in this proceeding. See, e.g., Eddy v. Kirk, 195 A.D.2d 1009, 1010 (4th Dep't 1993), aff'd sub. nom. O'Connor v. Scarpini, 83 N.Y.2d 919 (1994)(licensing officer possesses exceptionally broad authority under Penal Law § 400.00 which is the exclusive statutory mechanism that governs the licensing of firearms in New York State). In the instant case, petitioner's failure to demonstrate a need different from that of the general public for selfprotection is clearly a reasonable basis upon which to deny him a pistol license. See Petition, Exhibits 1 and 2.

### Mandamus Does Not Lie to Compel the Issuance of A Pistol Permit to Petitioner

- 21. It is well settled that mandamus is an extraordinary remedy that lies only "to compel the performance of a purely ministerial act where there is a clear legal right to the relief sought." Matter of Legal Aid Society of Sullivan County v. Scheinman, 53 N.Y.2d 12, 16 (1981). See also Harper v. Angiolillo, 89 N.Y.2d 761, 765 (1997). It will not be awarded to compel an act involving the exercise of judgment or discretion. Klostermann v. Cuomo, 61 N.Y.2d 525, 539 (1984).
- 22. "A ministerial act ... has been defined as a specific act which the law requires a public officer to do in a specified way." Matter of Posner v. Levitt, 37 A.D.2d 331, 332 (3d Dep't 1971). The relief demanded in the petition must be specifically and "clearly imposed by law . . . It is not enough that the act, performance of which is sought, is not prohibited, its performance must be directed." Matter of Burr v. Voorhis, 229 N.Y. 382, 387 (1920).
- 23. In fact, "[m]andamus is available only where the petitioner's right to performance is so clear as to admit of no doubt or controversy." Coastal Oil New York Inc. v. Newton, 231 A.D.2d 55, 57 (lst Dep't), appeal dism'd 91 N.Y.2d 848 (1997), appeal denied 91 N.Y.2d 808 (1998). To demonstrate a "clear legal right" to the relief requested, the petitioner must show "a clear and unequivocal expression of intent from the Legislature . . .." Harper v. Angiolillo, 89 N.Y.2d at 767. Without a clear statutory direction, mandamus will not lie. Id.; Anonymous v. Grievance Committee, 244 A.D.2d 549, 550 (2d Dep't 1997), appeal denied 91 N.Y.2d 808 (1998) (mandamus does not lie to compel an act which involves the exercise of discretion).

24. Here, petitioner does not have a clear right to an unrestricted full carry pistol permit. See Williams v. Bratton, 238 A.D.2d at 270 (issuance of license to carry a gun is a privilege not a right).

WHEREFORE, Judge Cacace respectfully requests that this Court dismiss petitioner's Article 78 proceeding in its entirety and grant such other and further relief as the Court deems just and proper.

Dated:

New York, New York

March 13, 2009

ANDREW M. CUOMO Attorney General of the State of New York

Attorney for Judge Susan Cacace

By:

CHARLES F. SANDERS MICHAEL J. SIUDZINSKI Assistant Attorney General 120 Broadway, 24th Floor New York, New York 10271

(212) 416-8594/8552/8610

STATE OF NEW YORK ) : ss.:
COUNTY OF NEW YORK )

CHARLES F. SANDERS, being duly sworn, deposes and says:

I am of Assistant Attorney General and of counsel to the Attorney General of the State of New York, attorney for respondent Justice Cacace, a justice of the County Court of Westchester County, New York State.

I am familiar with the facts of this proceeding and make this verification pursuant to § 3020(d)(2) of the Civil Practice Law and Rules because respondent is an officer of the State of New York.

I have read the foregoing Answer and Affirmation and am familiar with its contents. The statements made therein are true to the best of my knowledge, and are based upon the proceedings, record, and decisions involving the petitioner's pistol permit application.

As to those matters therein stated on information and belief, I believe them to be true based upon the same review and conversations.

CHARLES F. SANDERS

Sworn to before me this 13th day of March 2009

Assistant Attorney General of the State of New York

STATE OF NEW YORK : SS.:
COUNTY OF NEW YORK )

CHARLES F. SANDERS, being duly sworn, deposes and says:

That he is an Assistant Attorney General in the office of the Attorney General of the State of New York, Attorney for respondent Justice Cacace, a justice of the County Court of Westchester County, New York State. On the 13th day of March, 2009, he served the annexed Answer and Affirmation in Opposition upon the following named person:

Mr. Alan Kachalsky, Esq. 800 Westchester Avenue, Suite S-608 Rye Brook, New York 10573

petitioner <u>pro se</u> in the within entitled proceeding by depositing a true and correct copy thereof, properly enclosed in a post-paid regular mail wrapper, in a post-office box regularly maintained at 120 Broadway, New York, New York 1027l directed to said petitioner <u>pro se</u> at the address within the State designated by him for that purpose.

CHARLES F. SANDERS

Sworn to before me this 13th day of March, 2009

Assistant Attorney General of the State of New York

SUPREME COURT OF THE STATE OF NEW YORK APPELLATE DIVISION: SECOND DEPARTMENT

In the Matter of ALAN KACHALSKY,

Petitioner,

For a judgment under Article 78 of Civil Practice Law and Rules
- against -

HON. SUSAN CACACE, Westchester County
Court Judge of the State of New York
Respondant.

## ANSWER AND AFFIRMATION IN OPPOSITION TO ARTICLE 78 PETITION

ANDREW M. CUOMO
Attorney General of the State of
New York

## ATTORNEY FOR DEFENDANTS

BY: CHARLES F. SANDERS
MICHAEL SIUDZINSKI (admission pending)
Assistant Attorneys General
120 Broadway, 24th Floor
New York, New York 10271

Tel. No.: (212) 416-8594/8552

Fax Nos.: 212-416-6075/6009/6076
(Not for Service of Papers)
Due Service of a copy of the within is admitted this \_\_\_\_\_day of \_\_\_\_\_, 2008

# **ALAN KACHALSKY, ESQ.**

800 Westchester Avenue, Ste S608 • Rye Brook, New York 10573 • (914) 220-5324 • E-mail: catchsky@earthlink.net

November 27, 2009

COURT OF APPEALS Court of Appeals Hall 20 Eagle Street Albany, NY 12207-1095

Attn: STUART M. COHEN

RE: In the Matter of Alan Kachalsky v. SUSAN CACACE, as Justice of the

**County Court** 

Docket #

# Comments Justifying the Retention of Subject Matter Jurisdiction

## Dear Sir/Madam:

This letter constitutes my response to your request for my comments justifying the retention of subject matter jurisdiction of the above-referenced appeal, as requested in Stuart M. Cohen's letter dated November 18, 2009.

The appeal involves the fundamental question of whether NewYork's handgun licensing statute (§400.00) of the Penal Law is Constitutional or whether, as alleged by appellant, it violates the Second Amendment right to keep and bear arms.

It is respectfully contended that the right to keep and bear arms is fundamental to the exercise of all other rights, but especially the right to life, liberty and the pursuit of happiness.

Without the right to defend oneself, a person's very life, not to mention liberty, is subject to the whim and caprice of any person who is stronger, larger, or better armed. As has occurred countless times throughout history, a stronger or better-armed person can deprive an unarmed man or woman of life and/or liberty.

The drafters of the Bill of Rights, in recognition of the inherent right of self-defense, enacted the Second Amendment, which provides that "A well regulated Militia, being necessary to the security of a free State, the right of the people to keep and bear Arms, shall not be infringed."

This appeal raises the issue of whether §400.00(2)(f) of the Penal Law violates the Second Amendment of the Constitution of the United States in that it requires that applicants for carry (pistol) permits to demonstrate that "proper cause exists for the issuance thereof."

As appellant argued in his Article 78 petition to the Second Department, a 'right' is not something one must demonstrate a need for, in order to exercise the right. It is there to be exercised if and when the individual chooses to exercise the right. No one is required to demonstrate, to the satisfaction of a bureaucrat, 'a need' for one's Right to Free Speech prior to exercising this right; one should not be required to 'demonstrate' that they meet some vague, subjective threshold in order to exercise their Second Amendment right (which as the Supreme Court said in *Heller*, merely "codified a pre-existing right."

This requirement (to demonstrate that "proper cause exists for the issuance thereof), when applied to persons who meet the requirements of subdivision 1 of § 400.00<sup>2</sup> is nothing more than a means to limit the exercise of the Constitutional Right to those persons privileged to 'know the right people,' Appellant is unaware of any objective guidelines for determining what constitutes 'proper cause.' A review of case law confirming the denial of carry permits shows that persons who meet the requirements of subdivision 1 of § 400.00 are routinely denied the right to bear arms based on their failure to "demonstrate that "proper cause exists for the issuance thereof."

The imposition of this subjective and Unconstitutional standard creates the danger of the perception that the granting of Carry Permits is based on membership in the 'privileged class;' members of 'the club,' so to speak; which again, is further evidence that to allow applicants to be denied without any specific reason (other than failure to meet the aforesaid vague threshold of "proper cause exists for the issuance thereof") being stated is of itself arbitrary and capricious. In fact, the perception is entirely valid!

One egregious example of the denial of a carry permit to a law-abiding woman surgeon who wished to defend herself, is found in *Kaplan v. Bratton*, 249 A.D.2d 199, 673 N.Y.S.2d 66

<sup>1 &</sup>quot;it has always been widely understood that the Second Amendment, like the First and Fourth Amendments, codified a pre-existing right. The very text of the Second Amendment implicitly recognizes the pre-existence of the right and declares only that it "shall not be infringed." 128 S.Ct. @ 2797

<sup>&</sup>lt;sup>2</sup> subdivision 1 of § 400.00 provides that "No license shall be issued or renewed except for an applicant

<sup>(</sup>a) twenty-one years of age or older,

<sup>(</sup>b) of good moral character;

<sup>(</sup>c) who has not been convicted anywhere of a felony or a serious offense;

<sup>(</sup>d) who has stated whether he or she has ever suffered any mental illness or been confined to any hospital or institution, public or private, for mental illness;

<sup>(</sup>e) who has not had a license revoked or who is not under a suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act;

in the county of Westchester, who has successfully completed a firearms safety course and test \* \* \*; and

<sup>(</sup>g) concerning whom no good cause exists for the denial of the license."

(1st Dept.,1998). The Court in Kaplan, justified the denial of Dr. Susan Kaplan's carry permit thusly:

"When the proper standard of proof is applied, it is clear that respondent's decision has a rational basis. The License Division correctly required petitioner to show an extraordinary threat to her safety and, pursuant to its own regulations as interpreted by this court, rationally concluded that petitioner's general allegations about her work hours and location were insufficient." 673 N.Y.S.2d @ 68.

Kaplan demonstrates the three-card monty game nature of the pistol licensing statute. Dr. Susan Kaplan, a urologist applied for a 'Carry Pistol License.' In an attempt to meet the (apparently impossible) burden of demonstrating her need for the license, she alleged that she traveled at night in New York City to meet with patients or to attend to emergencies at the hospitals with which she was affiliated (Columbia Presbyterian, St. Luke's-Roosevelt and St. Vincent's), and that she feared for her personal safety.

The decision reiterated the shifting requirements (apparently designed to permit only the privileged, elite or friends of the privileged or elite to obtain permits) as follows:

"In fact, Penal Law § 400.00(2)(f) requires the petitioner to show "proper cause" for issuance of the permit, which this court has interpreted to mean "a special need for self-protection distinguishable from that of the general community or of persons engaged in the same profession" (citations omitted). The Police Department's regulations regarding Carry Pistol Licenses, at 38 RCNY § 5-03(b), also require a showing of "extraordinary personal danger, documented by proof of recurrent threats to life or safety," and add that "the mere fact that an applicant ... resides or is employed in a 'high crime area' does not establish 'proper cause' ".

Requiring this concerned, law-abiding citizen to show "extraordinary personal danger, documented by proof of recurrent threats to life or safety," in order to get a license to carry a handgun, demonstrates that the real purpose of the statute is nothing less than to deny ordinary, law-abiding citizens the fundamental right to defend themselves with a handgun, a weapon which the Supreme Court in *District of Columbia v. Heller*, 128 S.Ct. 2783, 171 L.Ed.2d 637, 76 USLW 4631, described as a "class of "arms" that is overwhelmingly chosen by American society for that lawful purpose."

In my application for the carry-permit, I stated (in relevant part), in response to the question "List all factors which you believe to be relevant to your application and which establish proper cause for the issuance of a firearm license for the purpose of Full Carry" as follows:

"[W]e live in a world sporadic random violence might at any moment place one in a position where one needs to defend oneself or possibly others, e.g. random shootings in universities (Virginia Tech), post offices. airline check-in counters, malls, road rage. as well as the run-of-the-mill street muggings and robberies. While the odds of finding oneself in a Virginia Tech type situation are remote, one must reflect that had there been even one armed person, the death toll might have been considerably less than 31 dead. While one never knows what one might do in such situations. It is my belief that it is better to have the option to defend oneself (and others) than not to have the option."

In fact, once again, on Saturday, November 21, 2009, a man pulled a knife on the D train (subway) and, killed an unarmed man (Dwight Johnson) with a knife by severing his carotid artery, on a crowded subway car, in front of (according to the New York Post, November 23, 2009) 20 to 30 witnesses on the subway. Not one of these 'witnesses' had the courage to attempt to stop the attack, or the courage to attempt to stop the perpetrator after the attack. One must wonder how many of those people on the train, perhaps even the deceased victim, been turned down for carry permits because they were unable to demonstrate "a special need for self-protection distinguishable from that of the general community or of persons engaged in the same profession" or to make the requisite showing of "extraordinary personal danger, documented by proof of recurrent threats to life or safety." One must wonder whether the victim of this attack would be able to meet this threshold, as he only sustained one threat to life or safety, rather than 'recurrent threats.' Unfortunately for Mr. Johnson, his first threat to life or safety was also his last.

It is clear that one cannot rely on the police for personal protection. As long as the State of New York continues to allow bureacrats to deny carry permits to law-abiding persons who meet the criteria of subdivision 1 of § 400.00, on the grounds that they did not demonstrate, to the subjective standards of some bureacrat, "that "proper cause exists for the issuance (of a carry-permit)," then people like Dwight Johnson, the deceased victim of the subway knifing, can do very little more than attempt to appease men like Gerardo Sanchez, or attempt to protect themselves with their bare hands. As history has proven time and time again, oftentimes, attempting to appease a criminal doesn't keep you alive.

- This Court should note that the Supreme Court, in Heller, recently held that:
- (1) the Second Amendment conferred an individual right to keep and bear arms;
- (2) statutes banning handgun possession in the home violated Second Amendment; and
- statute containing prohibition against rendering any lawful firearm in the home operable for purpose of immediate self-defense violated Second Amendment.

On September 30, 2009, the Supreme Court announced that it would hear the case of *McDonald v. City of Chicago*, where it would decide whether the Second Amendment applies to the States.

Based upon the Supreme Court's recent decision in *Heller*, and as well as their decision to hear *McDonald*, it is clear that the issue of the Constitutionality of New York's handgun licensing law (§400.00 of the Penal Law) is an extremely significant and timely issue which should justify the Court of Appeals retention of subject matter jurisdiction.

Very truly yours,

ALAN KACHALSKY

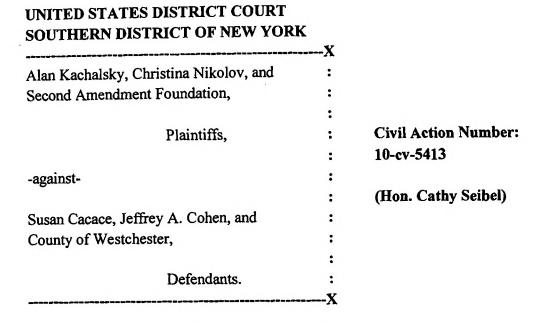
cc:

ANDREW M. CUOMO Attorney General of the State of New York 120 Broadway, 24th Floor New York, NY 10271 The Solicitor General Department of Law The Capitol Albany, New York 12224

RECEIVED BY MAIL/HAND MB OFFICE OF THE ATTORNEY GENERAL

DEC 0 1 2009

DIV. OF APPEALS & OPINIONS-NYC



Philip J. Cook, declares and states as follows, under penalties of perjury:

#### I. Credentials

1. My current academic appointment is at Duke University, where I am ITT/Sanford Professor of Public Policy, Professor of Economics and Sociology, and Senior Associate Dean of the Sanford School of Public Policy. I began my research program on firearms violence in 1975, and since then have co-authored scholarly books and articles on a variety of related topics, including the economic costs of gun violence, the illicit markets for guns, the consequences of weapon choice in robbery and assault, the influence of gun availability on gun use in crime, the use of guns in self-defense, and the effectiveness of gun control regulations. I have served on expert panels for the National Academy of Sciences that dealt with violence prevention, "smart" guns, rampage shootings in schools, and injury control. I also served as Consultant to the Enforcement Division of the United States Department of Treasury (1999-2000), which at that time included the Bureau of Alcohol, Tobacco and Firearms. I was elected fellow of the American Society of

Criminology in 2000, and elected Member of the Institute of Medicine of the National Academies in 2001. A full curriculum vitae is Appendix A of this declaration.

## II. Summary

- 2. This declaration will present empirical evidence and my expert opinions concerning several issues arising out of this litigation:
  - a. Gun violence is a serious public health and safety problem that has social and economic consequences.
  - b. The type of weapon used by a perpetrator of violent crime is an important determinant of whether the victim is killed.
  - c. Weapon choice by violent offenders is influenced by the availability of firearms and has a direct effect on the criminal homicide rate
  - d. The prevalence of firearms does not affect rates of assault, robbery, or rape but has a direct positive effect on the lethality of criminal assault.
  - e. Most crime guns are handguns.
  - f. Gun carrying away from home contributes directly to the use of guns in violent crime.
  - g. Westchester County issues relatively few concealed-carry licenses.
  - h. The assertion that a more lenient system for issuing concealed carry permits would result in less crime lacks empirical support and has been discredited by an expert panel of the National Academy of Sciences.
  - i. If law enforcement officials were required to issue CCW licenses to all adult applicants without a serious criminal record, a majority of future felony arrestees would qualify to carry concealed handguns in public.

## III. Opinions

- a. Gun Violence is a Serious Public Health and Safety Problem that has Social and Economic Consequences.
- 3. A great many Americans die by gunfire. The gun deaths from homicide, accident and suicide have totaled close to one million during the last three decades. Firearms play a dominant role in the most serious violent crimes. In 2007, the most recent year for which the National Center for Health Statistics provides data on injury deaths, there were

- 18, 361 criminal homicides, of which 69% were committed with guns. Emergency rooms treated nearly 50,000 nonfatal gunshot injuries from assaults. And there were a total of over 300,000 assaults and robberies in that year in which the perpetrator used a gun.<sup>1</sup>
- 4. Criminal homicide is not evenly distributed across the population, but highly concentrated among youthful minority males. In 2007, homicide victimization rates were 15 times as high for black men aged 15-34, as for white non-Hispanic men in this age group. Homicide is the leading cause of death for black males age 15-34, and the second-leading cause of death for Hispanic males in this age group.
- 5. Firearms also pose a particular threat to public officials and law enforcement officers. Fourteen of the 15 direct assaults against Presidents, Presidents-elect, and presidential candidates in United States history were perpetrated with firearms, including the five resulting in death. (The one exception, a failed attack with a hand grenade against President George W. Bush, occurred overseas.)<sup>2</sup> Of the 536 law enforcement officers who were feloniously killed between 2000 and 2009, 490 (91%) were assaulted with a firearm and 73 % of those were with a handgun.<sup>3</sup>
- 6. I have conducted extensive research on the societal costs of gun violence and the threat of gun violence. The costs of gun violence to society are more evenly distributed across the population than victimization statistics would suggest. I and my colleagues estimated the costs of treating gunshot wounds to be \$2 billion per year.<sup>4</sup>

<sup>1</sup> http://www2.fbi.gov/ucr/cius2009/data/table\_19.html accessed January 17, 2011.

<sup>2</sup> http://www.fas.org/sgp/crs/misc/RS20821.pdf accessed 1/10/11. Congressional Research Service Report to Congress, "Direct Assaults on Presidents, Presidents-Elect, and Candidates" Jan 7, 2008.

<sup>3</sup> http://www2.fbi.gov/ucr/killed/2009/data/table 27.html

<sup>4</sup> PJ Cook, B Lawrence, J Ludwig, and T Miller, "The Medical Costs of Gunshot Wounds" <u>Journal of the American Medical Association</u> 282(5), August 4, 1999, 447-454.

- 7. The threat of being shot causes private citizens and public institutions to undertake a variety of costly measures to reduce this risk. Furthermore, the threat of gun violence is in some neighborhoods an important disamenity, causing residents to be fearful and to take special precautions to protect themselves and their children. That threat depresses property values and puts a drag on economic development. Together with economist Jens Ludwig, I quantified the overall magnitude of these social costs by conducting a contingent-valuation survey that asked individuals what they would be willing to pay to reduce gun violence somewhat in their community. Based on their responses we estimated an overall cost of assault and homicide to be \$80 billion in 1995.<sup>5</sup>
- b. The Type of Weapon Used by a Perpetrator of Violent Crime is an Important Determinant of Whether the Victim is Killed.
- 8. The government has an interest in reducing the number of guns used in violent crime in order to reduce the number of deaths and life-threatening injuries that are produced when guns rather than less deadly weapons are used in crime.
- 9. Guns are intrinsically more deadly than other weapons that are commonly used in criminal assault, in that they provide a means of inflicting a fatal wound quickly, from a distance, with little personal risk, determination, involvement, or strength required. Gun use in an assault increases the likelihood of death by making it easier to kill. As a result, while only a small fraction (5 percent) of criminal assaults are perpetrated with guns, over two-thirds of fatal assaults (murders and non-negligent homicides) are perpetrated with guns.

<sup>5.</sup> J Ludwig and PJ Cook, "The Benefits of Reducing Gun Violence: Evidence from Contingent-Valuation Survey Data" <u>Journal of Risk and Uncertainty</u> 22(3), 2001: 207-226.

- 10. In two seminal articles, Franklin Zimring provided systematic evidence that the weapon type used in an assault affects the likelihood the victim will be killed.<sup>6</sup> Zimring drew on crime data from Chicago to show that case-fatality rates in gun attacks are a multiple of those in knife attacks, despite the fact that the circumstances are generally quite similar. In serious attacks, he concluded, the difference between whether the victim lived or died was often a matter of chance rather than a difference in intent, and the chances of a fatality were higher with a gun than a knife. Zimring found further confirmation in comparing the case-fatality rates among shootings involving guns of different caliber.<sup>7</sup> He demonstrated that victims were more likely to die in larger-caliber shootings, again suggesting that the intrinsic lethality of the weapon, and not just the assailant's intent, affected the outcome a result that I have dubbed the "instrumentality effect."
- 11. Research on the specific crime of robbery provides further confirmation for the instrumentality effect. About half of victims of non-commercial robbery included in the National Crime Victimization Survey ("NCVS") report being physically attacked by the robber (rather than just threatened), and one-fifth require medical treatment. Some victims are seriously wounded or killed. In 2005 the FBI classified 921 murders as robbery-related (6 percent of all murders), implying that on the order of 1 in 1,000 robberies resulted in death that year. Since the most serious potential outcome of a robbery is the victim's death, it is of considerable interest to know what distinguishes

<sup>6</sup> Zimring, F.E. (1968). "Is gun control likely to reduce violent killings?" <u>University of Chicago Law Review</u>, 35, 21-37; Zimring, F.E. (1972). "The medium is the message: Firearm caliber as a determinant of death from assault." <u>Journal of Legal Studies</u>, 1, 97-124.

<sup>7</sup> Id., 1972

<sup>8</sup> Cook, P.J. "The Technology of Personal Violence" in Michael Tonry, ed. <u>Crime and Justice: An Annual Review of Research Vol.</u> 14, University of Chicago Press, 1991.

fatal robberies from the great majority in which the victim survives. One of my studies compared robbery murders (as documented by the FBI's Supplementary Homicide Reports) to non-fatal robberies, finding similar statistical patterns with respect to the characteristics of the offenders.9 The most prominent difference between robbery and robbery murder was with respect to the types of weapons used. About two-thirds of robbery murders are committed with guns, while less than one-third of robberies involve guns. Gun robberies are three times more likely to result in the death of the victim than knife robberies, and knife robberies three times more likely to result in death than robberies with other weapons. 10 A regression analysis of changes in robbery-murder rates in 43 cities found a close relationship between the robbery rate and the robbery murder rate, as if the latter were simply a probabilistic byproduct of the former. Every additional 1,000 gun robberies added 4 robbery murders to the city's total, while an additional 1,000 nongun robberies added just one murder. 11 The conclusion is that whether the victim of an assault or robbery dies is not just a reflection of the offender's intentions. The type of weapon used by the offender in an assault or robbery has a causal effect on whether the victim lives or dies. If the weapon used is a loaded firearm, the victim is much more likely to die than if the weapon is a knife or club. If the fraction of assaults or robberies involving guns increases, then the death rate will also increase.

c. Weapon Choice by Violent Offenders is Influenced by the Availability of Firearms and Has a Direct Effect on the Criminal Homicide Rate.

<sup>9</sup> Cook, P.J. (1987) "Robbery Violence." Journal of Criminal Law & Criminology. 78(2), 1987, 366.

<sup>10</sup> Id.

<sup>11</sup> *Id.*, 373. See also William Wells and Julie Horney, Weapon effects and individual intent to do harm; influences on the escalation of violence" <u>Criminology</u> 40(2), May 2002, 265-296.

- 12. The likelihood that a gun will be used in crime is closely linked to the general availability of guns, and especially handguns. Currently about one in three households nationwide are in possession of at least one firearm, and one in five households are in possession of a handgun. The prevalence of gun ownership differs widely across the counties and states, and is lower in New York State, and Westchester County in particular, than is true for the United States as a whole.
- 13. On average it is easier for youths and criminals to obtain guns in jurisdictions in which gun ownership is common than when gun ownership is relatively rare. The types of transactions by which youths and felons obtain guns include thefts from homes and vehicles, loans from family members and friends, and off-the-books sales. In a high-prevalence area, the informal off-the-books transactions of this sort are easier to arrange and may well be cheaper than in markets where gun ownership is relatively rare. <sup>12</sup> That is true even though in jurisdictions with low prevalence and relatively tight controls, traffickers supply the underground market with guns acquired in other jurisdictions that have looser controls. <sup>13</sup>
- d. The prevalence of firearms does not affect rates of assault, robbery, or rape but has a direct positive effect on the lethality of criminal assault.
- 14. My research has provided strong evidence that the prevalence of gun ownership is closely linked to the likelihood that robbers or assailants will use a gun as opposed to a knife or other weapon. In articles published in scientific journals, I and my coauthors have

<sup>12</sup> Cook, P.J., Ludwig, J., Venkatesh S.A., and Braga, A.A. (2007) "Underground Gun Markets" The Economic Journal, 117 (524), 588-618.

<sup>13</sup> PJ Cook and A Braga, "Comprehensive Firearms Tracing: Strategic and Investigative Uses of New Data on Firearms Markets" <u>Arizona Law Review</u> 43(2) 2001:277-309.

analyzed the effect of changes in the prevalence of gun ownership in the states or 200 largest counties on several crime-related outcomes.

- i. In a cross-section analysis of data from a survey of adolescent males, I found that the prevalence of gun ownership has a strong positive relationship to the probability of gun carrying by adolescent males. <sup>14</sup> Thus an increase in gun prevalence is associated with an increase in gun carrying by adolescent males. (Gun prevalence has no effect on the likelihood of carrying a knife or other type of weapon.)
- ii. In an analysis of Uniform Crime Reports data for the 200 largest counties over 20 years, we found that an increase in the prevalence of gun ownership also increases the percentage of robberies committed with a gun. 15
- iii. The prevalence of firearms does not affect rates of assault, robbery, or rape. 16
- 15. I conclude that an increase in gun ownership has on balance no deterrent effect on violent crime. Thus the prevalence of firearms does not affect the *volume* of violence, but has a positive effect on the death rate in assault and robbery (e.g., the criminal homicide rate).
- 16. These results help explain international differences in violence. The rates of assault and robbery in the United States are similar to those in Canada, Western Europe, and Australia. But our criminal homicide rate is far higher. The difference is that firearms are more prevalent and readily available in the United States, and as a result violent offenders in the United States are far more likely to use a firearm. As a result, the death rates in the United States are higher.<sup>17</sup>

<sup>14</sup> Cook, P.J., and Ludwig, J. "Does Gun Prevalence Affect Teen Gun Carrying After All?" Criminology 42(1), 27-54.

<sup>15</sup> Cook, Ludwig and Venkatesh 2007; and PJ Cook "The Effect of Gun Availability on Robbery and Robbery Murder: A Cross-Section Study of Fifty Cities" <u>Policy Studies Review Annual</u>, Volume 3, Sage Publications, 1979, pp. 743-781.

<sup>16</sup> Id., Cook 1979; and PJ Cook and J Ludwig "The Social Costs of Gun Ownership" <u>Journal of Public Economics</u> 90(1-2), January 2006: 379-391

<sup>17</sup> Zimring, F.E., & Hawkins, G. (1997). Crime is not the problem: Lethal violence in America. New York: Oxford

# e. Most Crime Guns are Handguns.

- 17. While only about one third of the firearms in private possession are handguns (pistols or revolvers, as opposed to rifles or shotguns), the vast majority of gun assaults and robberies are perpetrated with handguns. For example, in 2009, 88% of all criminal homicides involving guns were committed with handguns. <sup>18</sup> Over 90% of gun robberies involve handguns. Assailants choose handguns over long guns in part because handguns are smaller and more conveniently carried on the person or in a vehicle and can be readily concealed from law enforcement officers, potential victims, and the public at large.

  Because handguns pose a particular hazard to public safety, they have traditionally been subjected to more stringent regulation than rifles and shotguns (which are commonly used for hunting and other sporting purposes). For example, the federal Gun Control Act limits sales of handguns by dealers to those age 21 or older, whereas the minimum age for long gun sales is 18. A number of states require that anyone intending to acquire a handgun first obtain a special license or permit from state or local authorities; for seven states, including New York State, that requirement only applies to handguns. Similarly, six states limit the purchase of handguns (but not rifles or shotguns) to one per month.
- f. Gun Carrying Away from Home Contributes Directly to the Use of Guns in Violent Crime.
- 18. For an offender to use a gun logically requires that the offender is carrying a gun or has ready access to one at the time of the commission of a crime. <sup>19</sup> For that reason the state

University Press. 18 FBI, Crime in the United States, 2009: Table 8.

<sup>19</sup> Sherman, L. (2000). "Gun carrying and homicide prevention." <u>Journal of the American Medical Association</u>, 283(9), 1193-1195.

- has a legitimate interest in the regulation of whether and how guns are carried in public, and by whom.
- 19. Concern about the criminal use of guns in public has engendered state and local regulations that limit carrying. In many cities, police departments have adopted targeted patrol against illegal gun carrying in an effort to reduce gun misuse.<sup>20</sup>
- 20. Targeted patrol against illicit gun carrying has been shown to be effective. In 1998, the Pittsburgh Police Department instituted a Firearm Suppression Patrol against illegal carrying. This program involved expansion of patrol activities during high crime periods of the week, in two high crime areas of the city. A careful analysis found that the program, which increased the number of stops of suspicious vehicles and pedestrians, had the effect of reducing gun misuse, including "shots fired" calls and gunshot injuries.<sup>21</sup>
- 21. All but three states currently ban carrying a concealed firearm or (more commonly) restrict carrying to those who have obtained a license or permit for that purpose. In 33 states the statute requires the relevant authority to issue a license to any applicant who meets certain minimum requirements and pays the required fee; both the requirements and the fee differ among these "shall issue" states. In other states the issuing authority has some discretion in responding to an application. These "may issue" states, including New York State, generally require that the applicant, in addition to meeting minimum requirements and paying a fee, demonstrate a special need to carry a concealed weapon.

<sup>20</sup> PJ Cook, J Ludwig, SA Venkatesh, and AA Braga "Underground Gun Markets" The Economic Journal, 117 (524) November, 2007: 588-618; Cook, P.J. and Ludwig, J. "The Social Costs of Gun Ownership." Journal of Public Economics 90(1-2), 2006, 379-391; Braga, AA and DL Weisburd Policing Problem Places: Crime Hot Spots and Effective Prevention 2010.

<sup>21</sup> Cohen, J., & Ludwig, J. (2003). "Policing gun crimes." In J. Judwig & P.J. Cook (eds), <u>Evaluating gun policy</u>. 217-239. Washington, DC: Brookings Institution Press.

- g. Westchester County Issues Relatively Few CCW licenses.
- 22. May-issue jurisdictions tend to issue fewer concealed-carry (CCW) licenses per capita than shall-issue jurisdictions. In particular, in 2010 Westchester County issued just 139 unlimited permits to carry concealed, and an additional 41 permits for employment-related carrying, for an overall rate of issuance of 0.2 per 1,000 residents per year. In 2008 and 2009, by comparison, Pennsylvania (a shall-issue state) issued permits to carry concealed at a rate of 12 per 1,000 residents per year. (In both New York and Pennsylvania, a permit is valid for five years once issued.) Ohio, another shall-issue state, issued permits at a rate of 5 per 1,000 residents in 2009.
- h. The Assertion that a More Lenient System for Issuing Concealed Carry Permits Would Result in Less Crime Lacks Empirical Support and has been Discredited by an Expert Panel of the National Academy of Sciences.
- 23. During the last three decades many states have eased their restrictions on concealed carry, replacing a "may issue" statute (or outright ban) with a "shall issue" statute. These changes have had the effect of increasing the number of private citizens who are legally entitled to carry a conceal firearm. These changes in law and practice provide a sort of policy "experiment" that has been analyzed by scholars to determine whether it has affected crime rates or patterns.
- 24. This research has been conducted by economists, statisticians, and other social scientists.

  I have reviewed this research in several published articles.<sup>22</sup> The first prominent study of the effect of the adoption of "shall issue" laws was by John Lott and David Mustard,

<sup>22</sup> PJ Cook, MH Moore, and A Braga, "Gun Control" in James Q. Wilson and Joan Petersilia, eds. <u>Crime: Public Policies For Crime Control</u>, ICS Press, Oakland CA., 2002: 291-329; op. cit. Cook and Ludwig 2006.

published in 1997.<sup>23</sup> They reported that these laws had a net deterrent effect on homicide rates, but actually had the effect of increasing property crime rates. For the crime of robbery, a crime that typically occurs in public places, their results were mixed. Since the publication of that article, John Lott has published revised estimates that purport to demonstrate that shall issue laws have a deterrent effect on both violent and property crime (including robbery).<sup>24</sup> Other economists and social scientists have reached different conclusions.

25. Based on my reviews of this literature, my conclusion is the same as the conclusion of the expert panel assembled by the National Research Council of the National Academies, the Committee to Improve Research Information and Data on Firearms. "The evidence to date does not adequately indicate either the sign or the magnitude of a causal link between the passage of right-to-carry [shall-issue] laws and crime rates (p. 7)."25 In other words, if a state liberalizes its concealed carry law by adopting a "shall issue" provision, there is no scientific consensus for predicting whether the result would be to increase or reduce the rates of homicide and other crime. That does not mean that there would be no effect in fact — only that the current state of the science does not support a prediction of what that effect would be.

<sup>23</sup> Lott, John R., Jr., and David B. Mustard. 1997. "Crime, Deterrence, and Right-to-Carry Concealed Handguns." <u>Journal of Legal Studies</u> 26, 1: 1-68

<sup>24</sup> Lott, J. (2000). More guns, less crime (2nd ed.). Chicago: University of Chicago Press.

<sup>25</sup> Charles F. Wellford, John V. Pepper, and Carol V. Petrie, editors <u>Firearms and Violence: A Critical Review</u> Washington, DC: National Academies Press, 2005.

- 26. It is worth emphasizing that this expert committee considered all of the empirical literature that had been published prior to 2005, and also performed its own analysis of the data. There have been numerous studies published, some reporting positive results, and some negative. The conclusion of this panel should be viewed as authoritative in my judgment. The National Research Council of the National Academies was chartered by President Wilson during World War I to provide expert advice to the nation. Since then its committees, including the Committee to Improve Research Information and Data on Firearms, have been appointed from among the leading scholars in the relevant field who have no serious conflicts of interest with respect to the topic at hand. (The experts are not compensated for their service.) The assessment of this neutral group of experts provides the most trustworthy conclusion possible.
- i. If Law Enforcement Officials Were Required to Issue Concealed Carry Licenses to All Adult Applicants Without a Serious Criminal Record, a Majority of Future Felony Arrestees Would Qualify to Carry Concealed Handguns in Public.
- 27. In shall-issue states where authorities are required to issue concealed-carry permits to all applicants who meet certain minimum conditions, the list of conditions typically includes a minimum age provision (usually 21) and the list of provisions of the federal Gun Control Act that limit lawful possession. Those provisions include a prior felony conviction, a misdemeanor conviction for domestic violence, an involuntary commitment for mental illness, and a current felony indictment. Of those provisions, the one that is most consistently documented in computerized databases that are available to law enforcement authorities in New York State is felony conviction.
- 28. It is sometimes alleged that most gun crimes are committed by active criminals who can be readily identified as such. For that reason, it is claimed that issuing concealed-carry

permits to applicants who are not identified criminals poses no risk to the public safety.

But this claim is false. In particular, the evidence demonstrates that a majority of criminal homicides and other serious crimes are committed by individuals who have not been convicted of a felony.

- 29. One of the first systematic studies of this subject was conducted using data from Illinois.
  I, together with two colleagues, found that just 43% of adults arrested for criminal homicide during the 1990s had a felony conviction on their record.<sup>26</sup>
- 30. Likewise, recent statistics for Westchester County demonstrate that most adults arrested for felony homicide in those counties do not have a prior felony conviction. Over the decade 2000 2009, 273 adults were arrested in Westchester County for completed or attempted felony homicide (PL 125), of whom just 111 (41%) had a prior felony conviction. Thus the clear majority of those arrested for felony homicide would have qualified for a concealed-carry permit prior to that arrest *if* the only meaningful condition was the lack of prior felony conviction.
- 31. I expanded this statistical inquiry to include all adults (age 21 and over) arrested for a felony in Westchester County, and in New York State overall. In 2009, 3,644 individuals were arrested for a felony in Westchester County. Of those, just 1,084 (30%) had a prior felony conviction. One implication is that if Westchester County were required to issue concealed-carry permits to all adult applicants who lacked a felony conviction, then most (70%) of those arrested for a felony in 2009 would have qualified prior to their arrest.

<sup>26</sup> PJ Cook, J Ludwig, and A Braga "Criminal Records of Homicide Offenders" <u>Journal of the American Medical Association</u> 294(5), August 3, 2005: 598-601.

- For all of New York State, just 33% of the 109,705 adults arrested for a felony had a prior felony conviction.
- 32. These statistics demonstrate that most adults who are arrested for felony homicide would not have been barred from obtaining a permit to carry a concealed firearm prior to that arrest, if the only requirements for obtaining a permit were a lack of prior felony conviction (and minimum age). The same conclusion holds for those who are arrested for other felonies.
- 33. In other words, if the goal is to protect the public against dangerous criminals, then it is not enough to just screen out those with felony convictions. That group constitutes only a minority of future arrestees for serious crimes, including felony homicide.
- 34. Concealed-carry permit systems in shall-issue states are intended to screen out some other groups besides those with a felony conviction record. Following the federal Gun Control Act requirements for legal gun possession, they typically deny a permit to applicants who are known to have been convicted of misdemeanor domestic violence (or subject to a domestic restraining order), are under indictment for a felony or a fugitive, have been involuntarily committed to a mental institution, are an illegal alien, or are a user of illicit drugs. Unfortunately there are no systematic studies of the prevalence of these disqualifying characteristics among those arrested for serious crime. Furthermore, local officials have only limited access to public records that would identify which applicants have been convicted of domestic violence, or have been involuntarily committed to a private mental institution.
- 35. In any event, there is good reason to believe that of all the disqualifying conditions, felony conviction is the most common. Statistics from the US Bureau of Justice Statistics

indicate that a felony record is by far the most common characteristic that blocks firearms transfers by firearms dealers when they conduct background checks of buyers.<sup>27</sup>

### j. Conclusion

36. I conclude that there is a legitimate public purpose in restricting the issuance of permits to carry concealed firearms, and providing local law enforcement officials with some discretion in this regard. This public purpose is to reduce the incidence of firearms use in violent crime, and thereby reduce the rate of criminal homicide. A more lenient permit system that entitles all adults who lack a felony record to obtain a permit would qualify the majority of those who are later arrested for a felony. It is reasonable to conclude that future felons will have greater access to firearms in a shall-issue regime, than in a may-issue regime.

Pursuant to 28 U.S.C. §1746 I declare under penalty of perjury that the foregoing is true and correct. Executed on January 24<sup>th</sup>, 2011.

Phy, Cook
PHILIP J. COOK

<sup>27</sup> http://bjs.oip.usdoj.gov/content/pub/html/bcft/2009/bcft09st.pdf, Table 4, accessed January 9, 2011.

Appendix A

April 17, 2009

#### PHILIP JACKSON COOK

ITT/Terry Sanford Professor of Public Policy Studies Telephone: 919 613-7360 Professor of Economics and Sociology FAX: 919 681-8288 Terry Sanford Institute of Public Policy Box 90245 **Duke University** E-mail: pcook@duke.edu Durham, NC 27708

## Education:

B.A. (with high distinction) University of Michigan, 1968 Ph.D. (Economics) University of California, Berkeley, 1973

#### Positions held:

| 2008-9  | Schelling Visiting Professor of Public Policy, University of Maryland                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------|
| 2003    | Residency, Bellagio Study and Conference Center (September-October)                                                          |
| 2000    | Visiting Scholar, Kennedy School of Government, Harvard University                                                           |
| 1997-99 | Director, Sanford Institute of Public Policy; Chair, Department of Public Policy Studies                                     |
| 1994-   | ITT/Terry Sanford Professor of Public Policy Studies                                                                         |
| 1992-   | Professor of Public Policy Studies, Economics, & Sociology, Duke University                                                  |
| 1989-90 | Visiting Professor, Fuqua School of Business, Duke University                                                                |
| 1985-89 | Director, Institute of Policy Sciences and Public Affairs, Duke University and Chairman, Department of Public Policy Studies |
| 1984-   | Professor of Public Policy and Economics, Duke University                                                                    |
| 1979-84 | Associate Professor; 1973-79 Assistant Professor, Duke University                                                            |
| 1982    | Expert (part time) Office of Policy and Management Analysis, Criminal Division, U.S. Department of Justice                   |

Fall 1980 Visiting Scholar, Institute for Research in Social Science, University of

North Carolina, Chapel Hill

Fellowships and Academic Honors:

Raymond Vernon Memorial Prize for best paper in JPAM, 2008

Richard A. Stubbing Teacher Mentor Award, 2008

Member, Institute of Medicine, National Academy of Sciences, 2001-

Who's Who in America 2001 and subsequent issues

Fellow of the American Society of Criminology, 2000-

Vernon Prize for best paper in Journal of Policy Analysis & Management (v. 16), 1997

Research Associate, National Bureau of Economic Research 1996-

Who's Who in Economics 3rd edition (1996)

Kenneth J. Arrow Award (for best paper published in health economics), 1994

National Science Foundation Fellowship, 1968-1970

Special Career Fellowship (Ford Foundation), 1968-1972

National Merit Scholar, 1964-1968

Sims Award, Economics Department, University of Michigan, 1967

Phi Beta Kappa

## **Publications**

# A. Health and Safety Regulation

#### 1. Books and Edited Volumes

PJ Cook and JW Vaupel, eds. <u>Law and Contemporary Problems</u>, Autumn 1976. Issue entitled "Valuing Lives: When and How Should Society Spend its Scarce Resources to Decrease Mortality"

Law and Contemporary Problems, Winter 1988. Editor for issue entitled "Vice."

PJ Cook and A Scharff <u>Recommendations Concerning Administration and Rate Structure</u> <u>for Excise Taxation in Romania</u> Distributed by Tax Advisory Program, US Treasury Department, August 1994.

<u>Paying the Tab: The Economics of Alcohol Policy</u> Princeton, NJ: Princeton University Press, 2007.

Chapters 10 and 12 serialized in Milken Economic Review 10(1) First Quarter, 2008)

#### 2. Articles

PJ Cook and D Graham "The Demand for Insurance and Protection: The Case of Irreplaceable Commodities" <u>Quarterly Journal of Economics</u>, February 1977, 143-156. Reprinted in Georges Dionne and Scott Harrington (eds.) <u>Foundations of Insurance Economics</u> Kluwer Academic Press, 1991.

"The Value of Human Life in the Demand for Safety: Comment" <u>The American Economic Review</u>, September 1978, 710-711.

"Discussion" (on Martin Bailey's paper on Safety Decisions and Insurance) <u>American Economics Association Papers and Proceedings</u>, May 1978, 300.

"The Effect of Liquor Taxes on Drinking, Cirrhosis, and Auto Fatalities," in Mark Moore and Dean Gerstein, eds. <u>Alcohol and Public Policy: Beyond the Shadow of Prohibition</u>, National Academy of Sciences, 1981, 255-285; and in Richard Zeckhauser and Derek Leebaert, eds. <u>What Role for Government</u>? Duke University Press, 1983, 203-220.

PJ Cook and G Tauchen "The Effect of Liquor Taxes on Heavy Drinking" <u>Bell Journal of Economics</u>, Autumn 1982, 379-390.

"Alcohol Taxes as a Public Health Measure" <u>British Journal of Addiction</u>, September 1982, 245-250; and in Marcus Grant, Martin Plant, and Alan Williams, eds. <u>Economics</u> and Alcohol, Croom Helm Ltd., 1983.

PJ Cook and G Tauchen, "The Effect of Minimum Drinking Age Legislation on Youthful Auto Fatalities, 1970-77" <u>Journal of Legal Studies</u> 13, January 1984, 169-190. *reprinted in* <u>The Economics of Health Behaviours</u>, John H. Cawley and Donald S. Kenkel, eds., Cheltenham, UK: Edward Elgar Publishing Ltd., 2008.

"Increasing the Federal Alcohol Excise Tax" in Dean Gerstein, ed. <u>Toward the Prevention of Alcohol Problems: Government, Business, and Community Action,</u> National Academy Press, Washington, DC, 1984, 24-32.

"The Economics of Alcohol Consumption and Abuse" in Louis Jolyon West, ed. <u>Alcoholism and Related Problems: Issues for the American Public</u>, Prentice-Hall, 1984, 56-77.

"The Impact of Distilled Spirits Taxes on Consumption, Auto Fatalities and Cirrhosis Mortality" Control Issues in Alcohol Abuse Prevention: Strategies for States and Communities in Harold D. Holder, ed., Advances in Substance Abuse, Suppl: 1, Jai Press, Greenwich, CT, 1987, Pages 159-167.

"Comment" in John D. Graham (ed.) <u>Preventing Automobile Injury: New Findings for Evaluation Research</u>, Dover, MA: Auburn House Publishing Company, 1988, pp. 181-183.

DC Chapman, PJ Cook et al. "The Cultural Dimensions of Alcohol Policy Worldwide", Health Affairs, summer 1989, 48-62.

"The Social Costs of Drinking," in The Expert Meeting on the Negative Social Consequences of Alcohol Abuse Norewegian Ministry of Health and Social Affairs, Oslo, Norway, 1991.

PJ Cook and MJ Moore "Taxation of Alcoholic Beverages" in M. Hilton and G. Bloss, eds. <u>Economic Research on the Prevention of Alcohol-Related Problems</u>, NIAAA, NIH Publication No. 93-3513, 1993, 33-58.

PJ Cook and MJ Moore "Economic Perspectives on Reducing Alcohol-Related Violence" in Susan E. Martin, ed. <u>Alcohol and Interpersonal Violence: Fostering Multidisciplinary Perspectives NIH Publication No. 93-3496</u>, 1993, 193-212.

PJ Cook and MJ Moore "Violence Reduction through Restrictions on Alcohol Availability" <u>Alcohol Health & Research World</u> 17(2), 1993, 151-156.

PJ Cook and MJ Moore "Drinking and Schooling" <u>Journal of Health Economics</u>, 12, 1993, 411-429. *reprinted in* <u>The Economics of Health Behaviours</u>, John H. Cawley and Donald S. Kenkel, eds., Cheltenham, UK: Edward Elgar Publishing Ltd., 2008.

P.J. Cook and O-J Skog, "*Alcool, alcoolisme, alcoolisation*" by S. Ledermann" <u>Alcohol</u> Health & Research World 19(1), 1995, 30-32.

"Social Costs of Alcohol, Tobacco and Drug Abuse" and "Tax Laws, Alcohol" in J.H. Jaffe, ed. The Encyclopedia of Drugs and Alcohol, New York: Macmillan Publishing Co, 1996.

"Comment" in Brookings Papers on Economic Activity: Microeconomics, 1994 162-166.

PJ Cook and MJ Moore "This Tax's for You" <u>National Tax Journal</u> September 1994, pp. 559-573.

KE Warner, PJ Cook, *et al.* "Criteria for Determining an Optimal Cigarette Tax: the Economists' Perspective" <u>Tobacco Control</u> Winter 1995 4(4), 380-86.

PJ Cook, A Parnell, MJ Moore, D Pagnini. "The Effects of Short-Term Variation in Abortion Funding on Pregnancy Outcomes" <u>Journal of Health Economics</u> 1999 18(2), 241-258. *reprinted in* <u>The Economics of Health Behaviours</u>, John H. Cawley and Donald S. Kenkel, eds., Cheltenham, UK: Edward Elgar Publishing Ltd., 2008.

PJ Cook and MJ Moore, "Alcohol" in AJ Culyer and JP Newhouse, eds. <u>Handbook of Health Economics</u> Vol 1B (New York: North-Holland) 2000, 1629-1673.

PJ Cook and MJ Moore, "Environment and Persistence in Youthful Drinking Patterns" in J Gruber, ed. <u>Risky Behavior Among Youths: An Economic Analysis</u> (Chicago: University of Chicago Press), 2001, 375-437.

PJ Cook and MJ Moore, "The Economics of Alcohol Abuse and Alcohol-Control Policies" <u>Health Affairs</u> 21(2), March/April 2002: 120-133.

"Pricing and Taxation of Alcohol: What is the 'Right' Tax Rate? Comment on *Alcohol: No Ordinary Commodity*" Addiction, 98 (10), October 2003: 1356-7.

PJ Cook, J Ostermann, and FA Sloan "The Net Effect of an Alcohol Tax Increase on Death Rates in Middle Age" <u>American Economic Review</u> 95(2), May 2005: 278-281.

PJ Cook and P Reuter "When is Alcohol Just Another Drug" <u>Addiction</u> 102, June 2007: 1182-88.

PJ Cook and R Hutchinson "Smoke Signals: Adolescent Smoking and School Continuation" in Marina Bianchi (ed.) <u>Advances in Austrian Economics Vol. 10, The Evolution of Consumption: Theories and Practices</u> 2007: 157-188.

C Carpenter and PJ Cook "Cigarette Taxes and Youth Smoking: New Evidence from National, State, & Local Youth Risk Behavior Surveys" <u>Journal of Health Economics</u> 27(2), March 2008: 287-299.

"A Free Lunch" Journal of Drug Policy Analysis 1(1), article 2.

## http://www.bepress.com/jdpa/vol1/iss1/art2

Comment on "Explaining change and stasis in alcohol consumption" 17:6 of Addiction Research & Theory Journal 17:6, December 2009.

"Leave the minimum drinking age to the states" in Natasha A. Frost, Joshua D. Freilich, and Todd R. Clear (eds.) <u>Contemporary Issues in Criminal Justice Policy</u> Belmont, MA: Wadsworth: 99-106.

#### 3. Editorial

"Increasing the Federal Excise Taxes on Alcoholic Beverages" <u>Journal of Health</u> <u>Economics</u> 7(1), March 1988, 89-91.

#### B. Economics of State Lotteries

#### 1. Book

CT Clotfelter and PJ Cook <u>Selling Hope: State Lotteries in America</u> Harvard University Press, 1989. Paperback edition, 1991.

#### 2. Articles

CT Clotfelter and PJ Cook "Implicit Taxation in Lottery Finance" National Tax Journal, December, 1987

CT Clotfelter and PJ Cook "Redefining 'Success' in the State Lottery Business" <u>Journal of Policy Analysis and Management</u> 9(1), Winter 1990, 99-104.

CT Clotfelter and PJ Cook "On the Economics of State Lotteries" <u>Journal of Economic Perspectives</u>, Fall, 1990, 105-120.

Reprinted (in shorter version) in <u>The Conference Board Economic Times</u> 2(4), April 1991. Reprinted (in revised version) in Samuel H. Baker and Catherine S. Elliott, eds. <u>Readings in Public Finance</u> 2nd ed., Cincinnati: South-Western College Publishers, 1997, 457-472.

CT Clotfelter and PJ Cook "What Kind of Lottery for North Carolina?" <u>Popular Government</u> 56(4), Spring 1991, pp. 25-29.

CT Clotfelter and PJ Cook "Lotteries in the Real World", <u>Journal of Risk and Uncertainty</u> 4(3), July 1991, 227-232.

CT Clotfelter and PJ Cook "Lotteries", in Peter Newman, Murray Milgate, and John Eatwell, eds. <u>The New Palgrave Dictionary of Money and Finance</u> Macmillan Press, London, 1992.

PJ Cook and CT Clotfelter "The Peculiar Scale Economics of Lotto" <u>American Economic</u> Review, June 1993, 634-643.

CT Clotfelter and PJ Cook "The Gambler's Fallacy in Lottery Play", <u>Management Science</u>, December 1993.

CT Clotfelter, PJ Cook, J Edell, and M Moore, State Lotteries at the Turn of the Century: Report to the National Gambling Impact Study Commission. June 1, 1999.

CT Clotfelter and PJ Cook, "Ends and Means in State Lotteries: The Importance of a Good Cause" in Alan Wolfe and Erik C. Owens, eds. <u>Gambling: Mapping the American Moral Landscape</u> Waco: Baylor University Press, 2009, 11-38.

## 3. OpEd. Pieces (with Charles T. Clotfelter)

New York Times, August 20, 1987;
The Atlanta Constitution, February 12, 1989;
The News and Observer (Raleigh), May 27, 1990;
Newsday, July 24, 1990;
San Diego Union, April 1991.
The News & Observer (Raleigh), February 14, 1999
The News & Observer (Raleigh), March 1, 2007

## C. Crime and Criminal Justice Policy

#### 1. Monographs

Robbery in the United States, National Institute of Justice, September 1983.

PJ Cook and D Slawson <u>The Costs of Adjudicating Murder Cases in North Carolina</u> Administrative Office of the Courts, Raleigh, NC, 1993.

#### 2. Symposium editor

"Explaining the growth in the prison population" <u>Criminology and Public Policy</u> 8(1), February 2009.

#### 2. Articles

"The Correctional Carrot: The Prospect of Reducing Recidivism through Improved Job Opportunities" <u>Policy Analysis</u>, January 1975, 11-54.

Reprinted in The Economics of Crime, edited by Isaac Ehrlich and Zhiquiang Liu Northampton, MA: Edward Elgar Publishing, Inc., 2006.

"Punishment and Crime: A Critique of Recent Findings on the Preventive Effects of Punishment" <u>Law and Contemporary Problems</u>, Winter 1977, 164-204; and in Ralph Andreano and John Siegfried, eds. <u>The Economics of Crime</u>, John Wiley, 1980, 137-180.

"The Clearance Rate as a Measure of Criminal Justice System Effectiveness" <u>Journal of Public Economics</u> 11, 1979, 135-142; and in Egon Bittner and Sheldon L. Messinger, eds. Criminology Review Yearbook, Volume 2, Sage Publications, 1980.

"The Implications of Deterrence and Incapacitation Research for Policy Evaluation" in Cleon Foust and Robert Webster, eds. <u>An Anatomy of Criminal Justice</u>, D.C. Health, Lexington, 1980, 55-77.

"Research in Criminal Deterrence: Laying the Groundwork for the Second Decade" in Norval Morris and Michael Tonry, eds. <u>Crime and Justice: An Annual Review of Research, Volume 2</u>, University of Chicago, 1980, 211-268.

"Costs of Crime" in Sanford H. Kadish, ed. <u>Encyclopedia of Crime and Justice</u>, Macmillan Publishing Company, 1983.

"The Use of Criminal Statutes to Regulate Product Safety: Comment on Wheeler" <u>Journal of Legal Studies</u>, August 1984, 619-622.

PJ Cook and G Zarkin "Crime and the Business Cycle" <u>Journal of Legal Studies</u>, January 1985.

JQ Wilson and PJ Cook "Unemployment and Crime--What is the Connection?" <u>The</u> Public Interest, 79, Spring, 1985, 3-8.

PJ Cook and G Zarkin "Homicide and Economic Conditions" <u>Journal of Quantitative Criminology</u>, March 1986, Vol. 2, No. 1.

"The Demand and Supply of Criminal Opportunities" in Michael Tonry and Norval Morris, eds. <u>Crime and Justice: An Annual Review of Research</u>, Vol. 7, University of Chicago Press, 1986, 1-28.

"Criminal Incapacitation Effects Considered in an Adaptive Choice Framework" in Derek Cornish and Ron Clarke, eds. <u>The Reasoning Criminal</u>, New York: Springer-Verlag, 1986, 202-216.

PJ Cook and JH Laub "The (Surprising) Stability of Youth Crime Rates" <u>Journal of Quantitative Criminology</u> 2 (3) September 1986, 265-278.

"The Economics of Criminal Sanctions" in Martin L. Friedland (ed.) <u>Sanctions and Rewards in the Legal System</u>, University of Toronto Press, 1987.

PJ Cook and JH Laub "Trends in Child Abuse and Juvenile Delinquency" in Francis X. Hartman, ed. <u>From Children to Citizens: The Role of the Juvenile Court</u>, Springer-Verlag, New York, 1987, Vol. II, Chapter 7, pp.109-127.

- "Notes on an Accounting Scheme for a Juvenile Correctional System" in Francis X. Hartman (ed.) From Children to Citizens: The Role of the Juvenile Court, Springer-Verlag, New York, 1987, Vol. II, Chapter 19, pp. 362-370.
- PJ Cook and J Laub, "The Unprecedented Epidemic in Youth Violence" in Michael Tonry and Mark H. Moore eds., <u>Youth Violence</u> University of Chicago Press, 1998, 101-138.
- PJ Cook, "The Epidemic of Youth Gun Violence" <u>Perspectives on Crime and Violence</u>: <u>1997-1998 Lecture Series</u> (Washington, DC: National Institute of Justice), 1998, 107-125.
- "Forward" to BC Welsh, DP Farrington, and LW Sherman (eds.) <u>Costs and Benefits of Preventing Crime</u> (Boulder, CO; Westview Press) 2001.
- PJ Cook and JH Laub, "After the Epidemic: Recent Trends in Youth Violence in the United States" in Michael Tonry ed. <u>Crime and Justice: A Review of Research</u> Chicago, University of Chicago Press, 2002: 117-153.
- "Meeting the Demand for Expert Advice on Drug Policy" <u>Criminology and Public Policy</u> 2(3), July 2003: 565-570.
- "Comment" on "Catching Cheating Teachers" in William G. Gale and Janet Rothenberg Pack, eds., <u>Brookings-Wharton Papers on Urban Affairs 2003</u> Washington, DC: Brookings Institution Press, 2003: 210-215.
- PJ Cook and N Khmilevska, "Cross-National Patterns in Crime Rates" in Michael Tonry and David P. Farrington, eds. <u>Crime and Punishment in Western Countries</u>, 1980-1999 Chicago: University of Chicago Press, 2005: 331-345.
- PJ Cook and J Ludwig "Assigning Youths to Minimize Total Harm" in Kenneth A. Dodge, Thomas J. Dishion, and Jennifer E. Lansford (eds.) <u>Deviant Peer Influences in Programs for Youth: Problems and Solutions</u> The Guilford Press, 2006: 67-89.
- "Symposium on Deterrence: Editorial Introduction" <u>Criminology & Public Policy</u> 5(3), August 2006: 413-416.
- "Crime" in Robert P. Inman, ed. <u>MAKING CITIES WORK: Prospects and Policies for Urban America</u> Princeton University Press, 2009: 297-327.
- "Robbery" in Michael Tonry (ed.) <u>Handbook on Crime and Justice</u> Oxford University Press, 2009.
- Crime Control in the City: A Research-Based Briefing on Public and Private Measures Cityscape: A Journal of Policy Development and Research 11(1), March, 2009: 53-80.

Potential Savings from Abolition of the Death Penalty in North Carolina <u>American Law</u> and <u>Economics Review</u> 10, 2009: doi: 10.1093/aler/ahp022.

## D. Weapons and Violent Crime

# I. Monographs and Edited Volumes

PJ Cook and D Nagin <u>Does the Weapon Matter? An Evaluation of a Weapon - Emphasis Policy in the Prosecution of Violent Offenders</u> Institute of Law and Social Research, Washington, DC, 1979.

Annals of the American Academy of Political and Social Science, May 1981. Issue entitled "Gun Control" (special editor).

PJ Cook and J Ludwig <u>Guns in America</u>: <u>Results of a Comprehensive National Survey on Firearms Ownership and Use</u> Washington, D.C.: The Police Foundation, 1997.

<u>Law and Contemporary Problems</u> (special editor) "Kids, Guns, and Public Policy" 59(1): Winter 1996.

PJ Cook and J Ludwig <u>Gun Violence: The Real Costs</u> New York: Oxford University Press, 2000.

J Ludwig and PJ Cook (eds.) <u>Evaluating Gun Policy: Effects on Crime and Violence</u> Washington, DC: Brookings Institution Press, 2003.

#### 2. Articles

"A Strategic Choice Analysis of Robbery" in Wesley Skogan (ed.) <u>Sample Surveys of the Victims of Crimes</u>, Ballinger, 1976, 173-187.

"Causal Linkages between Gun Control Ordinances and Crime: A Conceptualization and Review of the Literature" <u>Hearings</u> on the Treasury Department's proposed gun regulations, before the Subcommittee on Crime, Committee on the Judiciary, U.S. House of Representatives, 95th Congress, 2nd Session, Appendix 4, May 4 and 18, 1978.

"The Effect of Gun Availability on Robbery and Robbery Murder: A Cross-Section Study of Fifty Cities" <u>Policy Studies Review Annual</u>, Volume 3, Sage Publications, 1979, pp. 743-781. Also published in <u>Hearings</u>; see above.

"Reducing Injury and Death Rates in Robbery" Policy Analysis, 6(1) Winter 1980, 21-45.

PJ Cook and J Blose "State Programs for Screening Handgun Buyers" <u>Annals</u> of the American Academy of Political and Social Science, May 1981, 80-91. Reprinted in M. Gittell, ed. <u>State Politics and the New Federalism</u> (NY: Longman, 1986).

"The Effect of Gun Availability on Violent Crime Patterns," <u>Annals</u> of the American Academy of Political and Social Science, May 1981; and in <u>Federal Regulation of Firearms</u> (A Report prepared by Congressional Research Service for the U.S. Senate Judiciary Committee) USGPO, May 1982; and in Neil Alan Weiner, Margaret A. Zahn and Rita J.Sagi, eds., <u>Violence: Patterns, Causes, Public Policy</u> (San Diego: Harcourt Brace Jovanovich, 1990).

PJ Cook and K Hawley "North Carolina's Pistol Permit Law: An Evaluation" <u>Popular Government</u>, May 1981, 1-6.

"Guns and Crime: the Power of Long Division" <u>Journal of Policy Analysis and Management</u>, Fall 1981, 120-125.

"The 'Saturday Night Special': An Assessment of Alternative Definitions from a Policy Perspective" <u>Journal of Criminal Law and Criminology</u> 72:4, Winter 1981, 1735-1745.

"The Role of Firearms in Violent Crime" in Marvin E. Wolfgang and Neil A. Weiner, eds. <u>Criminal Violence</u> (Sage Publications, 1982), 236-289; also titled "The Influence of Gun Availability on Violent Crime Patterns" in Norval Morris and Michael Tonry, eds. <u>Crime and Justice: An Annual Review of Research</u>, Volume 4, University of Chicago Press, 1983, 49-90.

"The Case of the Missing Victims: Gunshot Woundings in the National Crime Survey" Journal of Quantitative Criminology, March 1985, 91-102.

"Is Robbery Becoming More Violent? An Analysis of Robbery Murder Trends Since 1968" Journal of Criminal Law and Criminology, 76 (2), Summer 1985, 480-489.

"The Relationship Between Victim Resistance and Injury in Noncommercial Robbery" Journal of Legal Studies, XV (1), June 1986, 405-416.

"Robbery Violence" <u>Journal of Criminal Law & Criminology</u>, 70(2), 1987, 357-376. Reprinted in Robert Hornsby and Richard Hobbs (eds.) <u>Gun Violence</u> Ashgate Publishing Ltd. Forthcoming.

"The Technology of Personal Violence" in Michael Tonry, ed. <u>Crime and Justice:</u> <u>An Annual Review of Research</u> Vol. 14, University of Chicago Press, 1991. Reprinted (in part) in Lee Nisbet (ed.) <u>The Gun Control Debate: You Decide</u> 2nd ed. (Chicago: Prometheus Books, 2001).

"Notes on the Availability and Prevalence of Firearms" <u>American Journal of Preventive</u> Medicine 9(3,supp), 1993.

PJ Cook and MH Moore "Gun Control" in James Q. Wilson and Joan Petersilia, eds. Crime (San Francisco: ICS Press, 1995), 267-294.

PJ Cook, S Molliconi, and T Cole "Regulating Gun Markets" <u>Journal of Criminal Law & Criminology</u> 86(1), 1995, 59-92.

PJ Cook and T Cole "Editorial: Strategic Thinking About Gun Markets and Violence" <u>Journal of the American Medical Association</u> 275(22), June 12, 1996, 1765-7.

PJ Cook and J Leitzel "Perversity, Futility, Jeopardy: An Economic Analysis of the Attack on Gun Control" <u>Law and Contemporary Problems</u> 59(1): Winter 1996: 91-118.

PJ Cook, J Ludwig, and D Hemenway, "The Gun Debate's New Mythical Number: *How* Many Defensive Uses Per Year" <u>Journal of Policy Analysis and Management</u> 16(3) Summer 1997, 463-9.

PJ Cook and J Leitzel, "Gun Control" New Palgrave Dictionary of Economics and Law, 1998.

J Ludwig, PJ Cook, and TW Smith, "The Gender Gap in Reporting Household Gun Ownership" <u>American Journal of Public Health</u>, v. 88, no. 11, Nov. 1998: 1715-1718.

PJ Cook and MH Moore, "Guns, Gun Control, and Homicide: A Review of Research and Public Policy" in M. Dwayne Smith and Margaret A. Zahn, eds., <u>Homicide: A Sourcebook of Social Research Sage</u> Publications, 1998, 277-296. Also in M. Dwayne Smith and Margaret A. Zahn, eds., <u>Studying and Preventing Homicide: Issues and Challenges</u>, Sage Publications, 1998, 246-273.

PJ Cook and J Ludwig, "Defensive Gun Uses: New Evidence from a National Survey" <u>Journal of Quantitative Criminology</u> 14(2), 1998: 111-131.

SP Teret, DW Webster, JS Vernick, TW Smith, D Leff, GJ Wintemute, PJ Cook, DF Hawkins, AL Kellermann, SB Sorenson, S DeFrancesco, "Support for New Policies to Regulate Firearms: Results of two national surveys" New England Journal of Medicine 339, Sept. 17, 1998: 813-818.

AL Kellermann and PJ Cook, "Armed and Dangerous: Guns in American Homes" in MA Bellesiles, ed., <u>Lethal Imagination: Violence and Brutality in American History</u> New York University Press, 1999, 425-440.

PJ Cook, B Lawrence, J Ludwig, and T Miller, "The Medical Costs of Gunshot Wounds" <u>Journal of the American Medical Association</u> 282(5), August 4, 1999, 447-454.

J Ludwig and PJ Cook, "Homicide and Suicide Rates Associated with Implementation of the Brady Handgun Violence Prevention Act" <u>Journal of the American Medical Association</u> 284(5), August 2, 2000: 585-591.

- J Ludwig and PJ Cook, "The Benefits of Reducing Gun Violence: Evidence from Contingent-Valuation Survey Data" <u>Journal of Risk and Uncertainty</u> 22(3), 2001: 207-226.
- PJ Cook, MH Moore, and A Braga, "Gun Control" in James Q. Wilson and Joan Petersilia, eds. <u>Crime: Public Policies For Crime Control</u>, ICS Press, Oakland CA., 2002: 291-329.
- PJ Cook and A Braga, "Comprehensive Firearms Tracing: Strategic and Investigative Uses of New Data on Firearms Markets" <u>Arizona Law Review</u> 43(2) 2001:277-309. *Reprinted with minor changes as* "New Law Enforcement Uses for Comprehensive Firearms Trace Data" in Bernard E Harcourt (ed.) <u>Guns, Crime, and Punishment New York: NYU Press, 2003: 163-187.</u>
- PJ Cook and JA Leitzel, "'Smart' Guns: A Technological Fix for Regulating the Secondary Gun Market" <u>Contemporary Economic Problems</u> 20(1) January 2002: 38-49.
- PJ Cook and J Ludwig, "The Costs of Gun Violence Against Children" <u>The Future of Children</u> 12(2), Summer/Fall 2002: 87-99.
- PJ Cook and J Ludwig, "Litigation as Regulation: Firearms" WK Viscusi, ed. <u>Regulation Through Litigation</u> Washington, DC: Brookings Institution Press, 2002: 67-93

  AA Braga, PJ Cook, DM Kennedy, and MH Moore "The Illegal Supply of Firearms" in Michael Tonry ed. <u>Crime and Justice: A Review of Research</u> Chicago, University of Chicago Press, 2002: 229-262.
- PJ Cook and J Ludwig, "The Effects of Gun Prevalence on Burglary: Deterrence vs Inducement" in J Ludwig and PJ Cook (eds.) <u>Evaluating Gun Policy</u> Washington, DC: Brookings Institution Press, 2003: 74-118.
- PJ Cook and J Ludwig, "Pragmatic Gun Policy" in J Ludwig and PJ Cook (eds.) Evaluating Gun Policy Washington, DC: Brookings Institution Press, 2003: 1-37.
- PJ Cook and J Ludwig, "The Effects of the Brady Act on Gun Violence" in BE Harcourt (ed.) <u>Guns, Crime, and Punishment in America</u> New York: NYU Press, 2003: 283-298. *reprinted in* Steven D. Levitt and Thomas J. Miles (eds.) <u>Economics of the Criminal Law</u> Edward Elgar Publishing, 2007.
- PJ Cook and Jens Ludwig "Fact-Free Gun Policy" <u>University of Pennsylvania Law Review</u> 151(4), April 2003: 1329-1340.
- D Azrael, PJ Cook, and M Miller "State and Local Prevalence of Firearms Ownership: Measurement, Structure, and Trends" <u>Journal of Quantitative Criminology</u> 20(1) March 2004: 43-62.

- PJ Cook and J Ludwig "Does Gun Prevalence Affect Teen Gun Carrying After All?" Criminology 42(1) February 2004: 27-54.
- "Youths' Involvement with Guns: Motivation vs. Availability" <u>Archives of Pediatrics & Adolescent Medicine</u> July, 2004: 705.
- PJ Cook and J Ludwig "Principles for Effective Gun Policy" <u>Fordham Law Review</u> 73(2), November, 2004: 589-613.
- PJ Cook, J Ludwig, and A Braga "Criminal Records of Homicide Offenders" <u>Journal of the American Medical Association</u> 294(5), August 3, 2005: 598-601.
- GJ Wintemute, PJ Cook, and M Wright "Risk Factors among Handgun Retailers for Frequent and Disproportionate Sales of Guns Used in Violent and Firearm-Related Crimes" Injury Prevention December, 2005: 357-363.
- PJ Cook and J Ludwig "The Social Costs of Gun Ownership" <u>Journal of Public Economics</u> 90(1-2), January 2006: 379-391.
- PJ Cook and SB Sorenson "The Gender Gap Among Teen Survey Respondents: Why are Boys more Likely to Report a Gun in the Home than Girls?" <u>Journal of Quantitative Criminology</u> 22(1) March, 2006: 61-76.
- PJ Cook and J Ludwig "Aiming for evidence-based gun policy" <u>Journal of Policy</u> Analysis and <u>Management</u> 25(3), Summer 2006: 691-735.
- "Use and Control of Firearms" <u>Encyclopedia of Law & Society</u>, Sage Publications, Inc., 2007.
- PJ Cook, J Ludwig, SA Venkatesh, and AA Braga "Underground Gun Markets" <u>The Economic Journal</u>, 117 (524) November, 2007: 588-618.
- SB Sorenson and PJ Cook "'We've Got a Gun?': Comparing Reports of Adolescents and their Parents about Household Firearms" <u>Journal of Community Psychology</u> 36(1), January 2008: 1-19.
- PJ Cook and J Ludwig "Firearms Violence" in Michael Tonry (ed.) <u>Handbook on Crime</u> and Justice Oxford University Press, 2009.
- PJ Cook, J Ludwig, and AM Samaha "Gun Control After *Heller*: Threats and Sideshows from a Social Welfare Perspective" UCLA Law Review 56(5), June 2009: 1041-1093.
- PJ Cook, W Cukier, and K Krause "The Illicit Firearms Trade in North America" Criminology and Criminal Justice 9(3) 2009: 265-286.

# 3. OpEd Pieces

"Making Handguns Harder to Hide, <u>The Christian Science Monitor</u>, May 29, 1981.

PJ Cook and J Ludwig "Has the Brady Act Been Successful?" <u>The Charlotte Observer</u> August 15, 2000.

PJ Cook and J Ludwig "Toward Smarter Gun Laws" <u>The Christian Science Monitor</u> Feb. 6, 2001.

PJ Cook and J Ludwig "Protecting the Public in Presidential Style" <u>News & Observer</u> June 10, 2001.

PJ Cook and J Ludwig "What did the sniper case teach us? Lessons in Gun Control" News & Observer Nov. 3, 2002, 25A.

PJ Cook and J Ludwig "Will wider availability of guns improve public safety? No" <u>CQ</u> Researcher Oct. 31, 2008.

#### E. Income Distribution

# 1. Book

RH Frank and PJ Cook <u>The Winner-Take-All Society</u> (New York: The Free Press, 1995). Named a "Notable Book of the Year, 1995" by the *New York Times Book Review;* named one of the ten Best Business Books of 1995 by *Business Week*; given The Critics' Choice Award 1995-96 by the *San Francisco Review of Books*. Paperback edition (Penguin Books, 1996). Named "One of Ten best books of the year, 1996" by *The China Times*. Portuguese, Korean, Chinese, and Japanese editions.

RH Frank and PJ Cook "Preface to the new edition" <u>The Winner-Take-All Society</u> (London: Virgin Books, Random House, 2010).

# 2. Article

PJ Cook and RH Frank "The Growing Concentration of Top Students at Elite Schools" in Charles T. Clotfelter and Michael Rothschild, eds. <u>Studies of Supply and Demand in Higher Education</u> (Chicago: University of Chicago Press, 1993).

PJ Cook and RH Frank "The Economic Payoff of Attending an Ivy-League Institution" in Richard Delgado and Jean Stefancic, eds., <u>Critical White Studies: Looking Behind the Mirror</u> Temple University Press, 1997.

RH Frank and PJ Cook "The winner-take-all society" in William Darity, ed., <u>The International Encyclopedia of the Social Sciences</u>, 2<sup>nd</sup> ed. Gale, 2007.

3. OpEd and Magazine Articles (with Robert Frank)

USA Today, October 9, 1995, p. 13A

Washington Post, November 12, 1995

Washington Monthly, December 1995

Chronicle of Higher Education, January 5, 1996

# F. Other topics

"A 'One Line' Proof of the Slutsky Equation" <u>The American Economic Review</u>, March 1972, 139.

PJ Cook and Robert H. Frank "The Effect of Unemployment Dispersion on the Rate of Wage Inflation" Journal of Monetary Economics 1, 1975, 241-249.

PJ Cook and JW Vaupel "What Policy Analysts Do: Three Research Styles" <u>Journal of Policy Analysis and Management</u>, 4 (3) Spring, 1985, 427-8.

PJ Cook and J Ludwig "Weighing the Burden of 'Acting White'; Are there Race Differences in Attitudes Towards Education?" <u>Journal of Policy Analysis and Management</u> 16(2), Spring 1997, 256-278. (Winner of the Vernon Prize for best paper in Volume 16)

PJ Cook and Jens Ludwig "The Burden of 'Acting White:' Do Black Adolescents Disparage Academic Achievement?" in Christopher Jencks and Meredith Phillips (eds.) The Black-White Test Score Gap Brookings Institution Press, Washington DC, 1998: 375-400. Reprinted in Minority status, Oppositional Culture and Academic Engagement John U. Ogbu, Ed. New York: RoutledgeFarmer, forthcoming.

PJ Cook, R MacCoun, C Muschkin, and J Vigdor "The Negative Impacts of Starting Middle School in Sixth Grade" <u>Journal of Policy Analysis and Management</u> Winter 2008, 104-121. (winner of the Raymond Vernon Memorial Prize, 2008)

"Acting White" in William Darity, ed. <u>International Encyclopedia of the Social Sciences</u>, 2<sup>nd</sup> ed. Gale, 2007.

R MacCoun, PJ Cook, C Muschkin, and J Vigdor "Distinguishing Spurious and Real Peer Effects: Evidence from Artificial Societies, Small-Group Experiments, and Real Schoolyards" Review of Law and Economics 4(3), 2008: 695-714.

# Book reviews

Of Jack P. Gibbs, <u>Crime, Punishment, and Deterrence</u> in <u>Contemporary Psychology</u> 21:5, 1976.

Of Kenneth Dolbeare (ed.) <u>Public Policy Evaluation</u> in <u>Policy Analysis</u>, Fall 1977, 604-606.

Of David T. Stanley, Prisoners Among Us in Policy Analysis, Winter 1978, 139-141.

Of John Heineke, <u>Economic Models of Criminal Behavior</u> in <u>Southern Economic</u> Journal, April 1980, 1255-1257 (with Anne Witte).

Of Laurence Ross, <u>Deterring the Drinking Driver</u> in <u>Journal of Health Politics</u>, <u>Policy</u>, and <u>Law</u>, Winter 1983, 958-961; and in <u>Popular Government</u>, Winter 1983, 37-38.

Of Robert H. Frank, <u>Choosing the Right Pond: Human Behavior and the Quest for Status</u> in Journal of Policy Analysis and Management, Fall 1986.

Of Michael D. Laurence, John R. Snortum, and Franklin Zimring. eds., <u>Social Control of the Drinking Driver</u>, in <u>Science</u>, July 29, 1988.

Of Michael Tonry and Norval Morris, eds., <u>Drugs and Crime</u> in <u>Journal of Policy Analysis and Management</u> 10(3), Summer 1991.

Of Mark A.R. Kleiman, <u>Against Excess: Drug Policy for Results</u>; and Franklin E. Zimring and Gordon Hawkins, <u>The Search for Rational Drug Control Policy in Journal of Policy Analysis and Management</u> 11(4), Fall 1992.

Of H. Laurence Ross, <u>Confronting Drunk Driving: Social Policy for Saving Lives</u> in <u>Journal of Health Politics</u>, <u>Policy and Law</u> 18(1) Spring 1993, 235-237.

Of Willard Manning et al, <u>The Costs of Poor Health Habits</u> in <u>Policy Currents</u> 2(4), Nov. 1992.

Of Gary Kleck, <u>Point Blank: Guns and Violence in America</u> in <u>New England Journal of Medicine</u> February 3, 1994.

Of Robert L. Rabin and Stephen D. Sugarman, eds., <u>Smoking Policy: Law Politics and Culture</u> in <u>Science</u> 262, December 10, 1993.

Of Trudy Ann Karlson and Stephen W. Hargarten, <u>Reducing Firearm Injury and Death:</u> A public health sourcebook on guns in <u>New England Journal of Medicine</u>, February 5, 1998.

Of Tyler Cowen, What Price Fame? in Journal of Economic Literature September 2001, 933-935.

Of Felix Gutzwiller and Thomas Steffen, <u>Cost-Benefit Analysis of Heroin Maintenance</u> <u>Treatment</u> in <u>Addiction</u> 2001, v. 96, 1071-2.

Of Robert J. MacCoun and Peter Reuter <u>Drug War Heresies</u> in <u>Journal of Policy Analysis</u> and <u>Management</u> v. 21(2), Spring 2002, 303-306.

Of James B. Jacobs <u>Can Gun Control Work?</u> in <u>Journal of Policy Analysis and Management</u> 23(1), Winter 2004, 198-201.

Of S. Selvanathan and E.A. Selvanathan <u>The Demand for Alcohol, Tobacco, and Marijuana: International Evidence in Addiction</u> 102, 2007: 830.

Of Harold Winter <u>The Economics of Crime: An introduction to rational crime analysis</u> in Journal of Economic Literature v. 47: Sept. 2009.

# Unpublished monographs

"The Effect of Legitimate Opportunities on the Probability of Parolee Recidivism," Institute of Policy Sciences and Public Affairs, Duke University, 1973.

"Citizen Cooperation with the Criminal Justice System," Institute of Policy Sciences and Public Affairs, Duke University, 1976.

"A Summary of State Legal Codes Governing Juvenile Delinquency Proceedings" (with Joseph Austin and Richard Levi), Institute of Policy Sciences and Public Affairs, Duke University, 1977.

"Life, Liberty, and the Pursuit of Self Hazardous Behavior" (with James Vaupel), Institute of Policy Sciences and Public Affairs, Duke University, 1978.

"Regulating Handgun Transfers: Current State and Federal Procedures, and an Assessment of the Feasibility and Cost of the Proposed Procedures in the Handgun Crime Control Act of 1979" (with James Blose), Institute of Policy Sciences and Public Affairs, Duke University, 1980.

# Selected Research grants

Principal investigator, "Evaluating Policy Options to Increase Citizen Cooperation in Urban Law Enforcement," A Durham Observatory Project, 1975.

Principal investigator, "The Processing of Gun Crimes in D.C. District Court," Institute of Law and Social Research, 1977.

Principal investigator, "Empirical Studies of Robbery and Handgun Control," U.S. Department of Justice.

Principal investigator, "Evaluating Alternative Policy Strategies for Controlling the Distribution of Handguns" (with Mark Moore), Ford Foundation, 1977-79.

Principal investigator, "A Review of the Major Gun Regulation Proposals," Center for the Study and Prevention of Handgun Violence, 1979-80.

Principal investigator, "A Review of Robbery Literature," National Institute of Justice, 1981.

Principal investigator, "Robbery Violence," National Institute of Justice, 1983-85.

Principal investigator, "Vice," The Chicago Resource Center, 1987

Principal investigator, "Costs of the Death Penalty in North Carolina," NC Administrative Office of the Courts, 1991-93.

Principal investigator, "Causes and Effects of Youthful Drinking," National Institute on Alcohol Abuse and Alcoholism, 1992-1994.

Principal investigator, "Markets for Stolen Guns," Harry Frank Guggenheim Foundation, 1993-4.

Principal investigator, "The Costs of Gunshot Wounds," The Joyce Foundation, 1997-99.

Principal investigator, "Community Gun Prevalence and Crime," The Joyce Foundation, 2000-2003.

Investigator Award In Health Policy Research, Robert Wood Johnson Foundation, 2003-4.

Principal Investigator, "evaluations of two programs in Milwaukee designed to reduce serious criminal violence" Joyce Foundation, 2007-2008.

Principal Investigator, "Fiscal Costs of Capital Punishment in NC" Z. Smith Reynolds Foundation, 2007-2008.

Principal Investigator, "An Experimental Evaluation of the Milwaukee Prisoner Re-entry Program" Smith Richardson Foundation, 2008-2011.

# Service and Administrative Activities at Duke University

Director of Undergraduate Studies, Institute of Policy Sciences and Public Affairs, 1974-75, 1992.

Director of Graduate Studies, Institute of Policy Sciences and Public Affairs, 1977-79, 1984, and 1994-95.

Chairman, Graduate Curriculum Committee, Institute of Policy Sciences and Public Affairs, 1977-79.

Member, Undergraduate Faculty Council of Arts and Sciences, 1977-78, 1991-93.

Author of an evaluation of undergraduate admission policy, commissioned by the Undergraduate Faculty Council, 1978.

Member, Academic Council, Duke University, 1978-79, 1982-84, 1993-95, 1998-2000 Elected to the Executive Committee of the Academic Council, 1982-83.

Associate Director, Institute of Policy Sciences and Public Affairs, 1979-1985, 2005-.

Pre-Major Advisor, 1981-85.

Member, UFCAS Committee on Admissions, 1984-86.

Member, University Committee on Undergraduate Admissions and Financial Aid, 1986 - 87.

Author of a special report on predicting yields from undergraduate admissions, 1987.

Member, Dean White's Ad Hoc Committee on Undergraduate Internships, 1987.

Member, President's Administrative Oversight Committee, 1987-90.

Chairman, Public Policy Studies Committee on Appointments and Promotion, 1990-93.

Chair, Provost's committee to review Dean Earl Dowell for reappointment, 1992.

Member, Arts and Sciences Committee on Planning and Priorities, 1993-95. Chair, 1994-95.

Member, Dean Search Committee, Fugua School of Business, 1994.

Chair, PPS Diversity Committee, 1994-95.

Member, Executive Committee of the Graduate School, 1995-96

Member, steering committee, Child and Family Policy initiative, 1999

Member, Dean's Search Committee, Duke Law School, 1999

Member, Planning Committee, Institute for Genome Sciences and Policy, 1999

Chair, Arts & Sciences Council Task Force on the Budget, 2001-2

# Public and Professional Service

Chairman, Weapons and Violent Crime Workshop, NILECJ, LEAA, U.S. Department of Justice, February 1978.

Presenter, N.C. Governor's Crime Commission, June and September, 1979.

Panel member, National Research Council Study of Alternative Policies Affecting the Prevention of Alcohol Abuse and Alcoholism, 1978-1981.

Member, N.C. Governor's Task Force on Drunken Driving, 1982.

Member, Ad Hoc Workshop on the Future of Criminal Justice Research, U.S. Department of Justice and National Research Council, March 1982.

Testified on alternative gun-control policies before the U.S. Senate Criminal Law Subcommittee, March 4, 1982.

Testified on alcohol tax policy before the Social Security Advisory Council, May 25, 1982.

Participant, Sixty-Sixth American Assembly (Public Policy on Alcohol Problems), Harriman, NY, April 26-29, 1984.

Member, Executive Session on the Juvenile Justice System, Harvard University, 1984-85.

Member, Policy Council of the American Society of Criminology, 1985-86, and 1990-91.

Invited participant, Conference on the Cigarette Excise Tax sponsored by the Harvard Institute for the Study of Smoking Behavior, Washington, DC, April 17, 1985.

Member, "Crime and Violence" working group of the NAS Committee on Basic Research, 1985.

Member, Research Advisory Committee of the U.S. Sentencing Commission, 1986-91 (Chair, 1986).

Associate, Canadian Institute of Advanced Research, 1986.

Member, Board of Advisors, Public Policy Program, College of William & Mary, 1987-1992.

Member, National Academy of Sciences Committee on Law and Justice, 1987-1993.

Treasurer, Association of Public Policy Analysis and Management, 1987-1994.

Testified on the use of alcohol taxation as a public-health measure before the U.S. Senate Committee on Governmental Affairs, September 27, 1988.

Member, Workshop on Health Economics, National Institute of Alcohol Abuse and Alcoholism, September 1988.

Member, National Research Council's Panel on the Understanding and Control of Violent Behavior, 1988-91.

Member, Advisory Board to the Injury Prevention Research Center, University of North Carolina, 1990-.

Witness, "Problems and Prospects for a N.C. Lottery" North Carolina Economic Future Commission, December 5, 1990.

Invited participant, CDC's Forum on Youth Violence in Minority Communities, Atlanta, December 10-12, 1990.

Member, President's Advisory Board of the H. John Heinz III School of Public Policy and Management, Carnegie Mellon University, 1992-96 and subsequently (including 2007).

Consultant, Tax Advisory Program, US Department of Treasury, 1994-95.

Steering Committee, National Consortium on Violence Research, 1995-1997.

Member, Center for Gun Policy Research, Johns Hopkins University, 1995-.

Invited participant, White House Leadership Conference on Youth, Drug Use, and Violence, March 7, 1996.

Invited speaker, U.S. Senate Democratic Policy Council, Wilmington, DE, April 26, 1996.

Member, National Academy of Sciences (IOM) Committee on Injury Prevention and Control, 1997-8.

Member, Advisory Committee to the Harvard Injury Control Research Center, 1998-.

Consultant, US Department of Treasury, Enforcement Division, 1999-2000.

Member, National Academy of Sciences (NRC) Case Studies of School Violence Committee, 2001-2002.

Member, Division Committee for the Behavioral and Social Sciences and Education, National Research Council, 2001-2004.

Member, "Committee to Develop a Strategy to Prevent and Reduce Underage Drinking", Institute of Medicine 2002-3.

Member, Panel on Assessing the Feasibility, Accuracy, and Technical Capability of a National Ballistics Database, The National Academies 2004-5.

Member, Crime and Justice editorial board, 2007-1010.

Member, National Research Council Workshop on Understanding Crime Trends, 2007-8

Vice Chair, National Academy of Sciences Committee on Law and Justice, 2006-2009.

Vice President, Association of Public Policy and Management, 2008-2009.

# Refereeing

Associate editor, Law and Contemporary Problems, 1974-78.

Editorial consultant, <u>Journal of Criminal Law and Criminology</u>, 1982-.

Member, Editorial Board, Journal of Policy Analysis and Management, 1986-2002.

Associate Editor, Criminology, 1987-91.

Occasional refereeing: American Economic Review, Journal of Political Economy, Journal of Public Economics, Economic Inquiry, Journal of Legal Studies, Journal of Law and Economics, New England Journal of Medicine, Journal of the American Medical Association, Criminology and other professional journals.

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Alan Kachalsky, Christina Nikolov, and Second Amendment Foundation.

Plaintiffs,

**Civil Action Number:** 

10-cy-5413

-against-

(Hon. Cathy Seibel)

Susan Cacace, Jeffrey A. Cohen, and

County of Westchester,

**DECLARATION OF** 

FRANKLIN E. ZIMRING

Defendants. :

Franklin E. Zimring, declares and states as follows, under penalties of perjury:

- 1. I am the William G. Simon Professor of Law, Wolfen Distinguished Scholar and Chair of the Criminal Justice Research Program at the University of California, Berkeley.
- 2. I have been studying the relationship between firearms and violence, strategies of firearms control, and patterns of gun commerce and civilian gun usage since 1967. I have served as director of research of the task force on firearms of the National Commission on the Causes and Prevention of Violence in 1968-1969 and as a firearms and federal criminal law expert for the National Commission on Reform of Federal Criminal Laws. I have published several empirical studies of firearms and violence and on gun control, and I have co-authored three books with firearms issues at their center, in 1969, 1986 and 1997. I was elected a Fellow of the American Academy of Criminology in 1993 and to the American Academy of Arts and Sciences in 1990. I have served as an expert on two topics: (1) the relationship between firearms and violence and (2) the

design and evaluation of firearms control. This declaration is on both topics. A full curriculum vitae is annexed hereto as Exhibit A.

- 3. I make this declaration in support of the State Defendants' cross-motion for summary judgment.
- 4. This declaration will summarize the empirical evidence and my expert opinions concerning the special risks of handguns and the external dangers of concealed weapons in public spaces.

# The Special Risks of Handguns.

- 5. All forms of firearms are dangerous to life if they are used in assaults and robberies, but the handgun is the major hazard, particularly in big cities, because handguns are much more likely to be used in criminal violence than shotguns and rifles. Handguns are slightly more than one-third of all firearms owned by civilians in the United States, but they are used in more than 75% of all gun killings and in even larger portions of robberies. The handgun is small, easy to carry and conceal, and deadly at short range. Handguns are the priority concern of law enforcement everywhere.
- 6. Most firearms assaults and almost all firearms robberies take place outside the offender's home, so that using a firearm in crime requires transporting it outside the home. But carrying a loaded shotgun to a commercial location for a robbery or to somebody else's home or on the street while looking for a target is a warning to potential

<sup>&</sup>lt;sup>1</sup> Zimring, Franklin E. and Gordon Hawkins, <u>Crime Is Not the Problem: Lethal Violence in America</u>, New York: Oxford University Press (1997), Chapters 1, 3 and 7. See also Zimring, Franklin E. and Gordon Hawkins, <u>The Citizen's Guide to Gun Control</u>, New York: McMillan (1986), at Chapter 5, p. 38.

victims and a red flag to passersby and to any law enforcement personnel that the armed pedestrian is not on an ordinary errand. Other pedestrians and motorists can avoid the visibly armed person and police can ask questions and subject the visibly armed person to identity checks and surveillance.

- 7. The person with a concealed handgun in his pocket generates no special notice until the weapon appears at his criminal destination. The robber or assaulter looks no different from any other user of common public spaces. And this ability to escape special scrutiny is the advantage that makes the concealed handgun into the dominant weapon of choice for gun criminals and a special danger to government efforts to keep public spaces safe and secure.
- 8. The necessity of carrying guns to crime sites without detection is one reason why the National Violence Commission research reported that 86% of all the firearms used in all assaults were handguns and an astonishing 96% of all firearms robberies were committed with handguns in the ten large cities the task force surveyed.<sup>2</sup> What that robbery percentage means is that the problem of gun robbery in American cities is almost exclusively a problem of concealable handguns.
- 9. The special dangers of handgun use in violence have produced a wide variety of different legal strategies to minimize the rate of handgun misuse. Many nations attempt to restrict both the number of such firearms owned by citizens and reasons why citizens might be permitted to own them. New York, outside New York City, allows most competent adults to own handguns if they have no major record of criminal conviction or mental health-related disqualification. Because New York does not restrict

<sup>&</sup>lt;sup>2</sup> Newton, George and Franklin E. Zimring (1969), *Firearms and Violence in American Life*, at Figure 8-1, p. 49.

eligibility of most citizens to own handguns or the volume of guns owned, the state's first line of defense against the use of such weapons in street crime is a series of restrictions on the time, place and manner of handgun use.

- license. The state law delegates the authority to establish standards and make individual decisions to county licensing officials who, throughout most of the state are state court judges. The goal of this and other such provisions is to distinguish uses of handguns that do not pose a special threat to the public (such as storage and use in the owner's home) from uses that pose greater threats to public safety (such as the carrying of concealed weapons in streets and public places). The special danger of a hidden handgun is that it can be used against persons in public robbery and assault. The concealment of a handgun means that other citizens and police don't know it is in their shared space until it is brandished.
- 11. Not all of those carrying concealed handguns intend to use them as instruments of public harm. But the existence of a loaded handgun in public is a hidden danger which New York attempts to address by controlling the number of guns carried and screening those who are licensed to carry handguns in public. A critical dimension of the policy is restricting the population of hidden guns.

# The External Dangers of Concealed Weapons in Public Spaces.

12. The right of home possession announced by the Supreme Court does not require citizens to purchase and own handguns in their houses but rather confers on individuals the right to decide for themselves if the benefits of gun possession in the home outweigh the risks. So the Second Amendment liberty announced in Heller puts the

homeowner in a position of power to determine what risks to take. As long as the guns owned in the home stay there, Mr. Smith's gun is no risk to his neighbors. But the presence of loaded and concealed guns in public spaces is an act where Mr. Smith's decision will generate risks to others who use the streets, and go to public accommodations. And if the guns are concealed, the people who are exposed to the public place risks won't have notice or any ability to avoid the armed persons they may confront.

- 13. This extension of hidden guns into shared public environments means that the implications of concealed carrying are spread over the community of users of public space, and the best method of deciding policy is a collective determination of whether concealed weapon carrying should be allowed and under what circumstances.
- 14. So government must be involved in public space regulation in a way that is not necessary in the privacy of individual homes. When armed citizens carry guns in public, they alter the public environment for all other users. This is why concealed weapons laws are the oldest form of legal regulation of gun use and the most common. There is a public choice that must be made about whether to reduce the number of persons carrying concealed weapons by limiting licenses. Without a definitive rule on the standards for licenses, there is no way that public preferences for or against high rates of hidden guns in public can be translated into a regulatory framework.

FRANKLIN E. ZIMRING

# FRANKLIN E. ZIMRING

13 October 2008

PERSONAL

Born 1942, Los Angeles, California; married; two adult children.

**EDUCATION** 

Los Angeles Public Schools; B.A. with Distinction, Wayne State University (1963); J.D. cum laude, University of Chicago (1967).

PRESENT POSITION

WILLIAM G. SIMON PROFESSOR OF LAW; WOLFEN DISTINGUISHED SCHOLAR and CHAIR, Criminal Justice Research Program, Institute for Legal Research (formerly the Earl Warren Legal Institute), Boalt Hall School of Law, University of California, Berkeley.

OTHER WORK

**DIRECTOR**, Earl Warren Legal Institute (1983-2002).

FACULTY OF LAW, University of Chicago (1967-85): KARL N. LLEWELLYN PROFESSOR OF JURISPRUDENCE (1982-85) and DIRECTOR, Center for Studies in Criminal Justice (1975-85).

**Member**, MacArthur Foundation Research Program on Adolescent Development and Juvenile Justice (1997-2007).

**FELLOW**, Center for Advanced Studies in the Behavioral Sciences, Stanford, California (1979-80).

**RAPPORTEUR**, Task Force on Sentencing Policy for Young Offenders, Twentieth Century Fund (1978).

VISITING PROFESSOR OF LAW, University of California, Irvine (2004), University of South Africa (1993), University of California, Berkeley (1983-85), Yale University (1973), and University of Pennsylvania (1972).

**DIRECTOR OF RESEARCH**, Task Force on Firearms, National Commission on the Causes and Prevention of Violence (1968-69).

**CONSULTANT:** American Bar Foundation, Police Foundation, National Commission on Reform of Federal Criminal Laws, Institute for Defense Analysis, Department of Justice, Rand Corporation, Abt Associates, Federal Parole Commission, Federal Bureau of Prisons, Federal Bureau of Investigation, General Accounting Office, Canadian Institute for Advanced Studies, States of Alaska, California, Nebraska, Illinois, Virginia, and Washington, Cities of Chicago, New York and San Francisco.

# ADVISORY POSTS

CURRENT: Campaign for Youth Justice (2007-); California Attorney General's Office (2001-); National Policy Committee, American Society of Criminology (1989-91 and 1993-); Board of Directors, Illinois Youth Services Association (Honorary) (1977-); Advisory Committee, National Pre-Trial Services Association (1975-).

PAST: Asian Pacific Violence Prevention Center, National Council on Crime and Delinquency (2001-2005); Advisory Committee, Sentencing Project, American Law Institute (2001-2003); Criminal Justice Policy Group, Advisory Board, National Campaign Against Youth Violence (2000-2002); Expert Panel Member, U.S. Department of Transportation, National Highway Traffic Safety Administration Panel on Crash Risk of Alcohol-Involved Driving (1994-2002); Expert Panel Member, U.S. Department of Education Panel on Safe, Disciplined, and Drug-Free Schools (1998-2001); National Research Council Panel on Juvenile Crime: Prevention, Intervention, and Control (1998-2001); Advisory Board, Center on Crime, Communities, and Culture, Open Society Institute (1998-2000); Affiliated Expert, Center for Gun Policy and Research, Johns Hopkins University (1995-98); Gun Violence Advisory Group, American College of Physicians (1995-98); Advisory Committee, Violent and Serious Juvenile Offender Project, National Council on Crime and Delinquency (1994-1997); Panel on NIH Research on Anti-Social, Aggressive, and Violence-Related Behaviors and their Consequences (1997-); Task Force on Future Directions for the National

PAGE 2

Archive of Criminal Justice Data, Bureau of Justice Statistics, Department of Justice (1995); Panel on Antisocial, Aggressive, and Violence-Related Behaviors and Their Consequences, National Institute of Health (1993-94); Panel on Understanding and Control of Violent Behavior, National Research Council, National Academy of Sciences (1989-91); Research Advisory Committee, California Attorney General (1983-1990); Law Enforcement Committee, California Governor's Policy Council on Drug and Alcohol Abuse (1989-91); National Research Council, Working Group Crime and Violence (1985-88); Internal Revenue Service, Advisory Group Taxpayer Compliance Research (1983-87); Board of Directors, Eisenhower Foundation for the Prevention of Violence (1981-84), U.S. Secret Service Advisory Committee on Protection of the President (1981-82); Assembly of Behavioral and Social Sciences, National Academy of Sciences (1977-80); Executive Committee, Illinois Academy of Criminology (1968-71, 1977-78); Advisory Committee, Assessment Center for Alternatives to Juvenile Courts (1977-78) (chairman); Advisory Committee, Law and Social Science Program, National Science Foundation (1976-77); Advisory Committee, Vera Institute of Justice, Court Employment Project Evaluation (1976-77) (chairman); Panel on Deterrence and Incapacitation, National Academy of Sciences (1975-77); Legal Committee, American Civil Liberties Union, Illinois Branch (1967-70).

#### EDITORIAL BOARDS

CURRENT: Punishment and Society (1998-); Crime and Justice: An Annual Review of Research (1979-90, 1998-); Western Criminology Review (1997-); Buffalo Criminal Law Review (1996-); Homicide Studies (1996-); The Prison Journal (1992-); Journal of Research in Crime and Delinquency (1976-84, 1990-); Federal Sentencing Reporter (1988-); Studies in Crime and Justice (1980-); Journal of Criminal Justice (1978-).

PAST: Law and Society Review (1988-1998); British Journal of Criminology (1988-1996); Journal of Quantitative Criminology (1984-1989); Ethics, (1985-87); Encyclopedia of Crime and Justice (1979-83); Evaluation Quarterly (1976-84); Law and Behavior (1976-85).

#### **HONORS**

Edwin H. Sutherland Award, American Society of Criminology (2007); August Vollmer Award, American Society of Criminology (2006); Notable Book of the Year, *The Economist* (2003); Society of Research on Adolescence, Biannual Book Award (2002); Pass Award, National Council on Crime and Delinquency (1999); Donald Cressey Award, National Council on Crime and Delinquency (1995); Choice, Outstanding Academic Book Citation (1995 and 1982); Paul Tappan Award, Western Society of Criminology (1994); Fellow, American Society of Criminology (1993); Distinguished Alumni Award, Wayne State University (1989); Bustin Prize for Legal Research, University of Chicago (1981); Cooley Lecturer, University of Michigan Law School (1980); National Distinguished Alumnus Award, Delta-Sigma-Rho (1977); Ten Law Professors Who Shape the Future, *Time Magazine* (1977); Civilian Award of Merit for 1975, Chicago Crime Commission; Gavel Award Certificate of Merit, American Bar Association (1973).

# **MEMBER**

American Academy of Arts and Sciences (1990-); California Bar Association (1968-); Order of the Coif (1967-); Phi Beta Kappa (1964-).

# FRANKLIN E. ZIMRING

PAGE 3

#### **BOOKS AND MONOGRAPHS**

(Chinese translation) *The Contradictions of American Capital Punishment*, Shanghai Joint Publishing (2008; English version 2003)).

(Chinese translation) A Century of Juvenile Justice, Beijing: The Commercial Press (2008; English version 2002).

(with Bernard E. Harcourt) *Criminal Law and the Regulation of Vice*, American Casebook Series, St. Paul: Thompson/West Publishers (2007).

The Great American Crime Decline, New York: Oxford University Press (2006).

American Juvenile Justice, New York: Oxford University Press (2005).

An American Travesty: Legal Responses to Adolescent Sexual Offending, Chicago: University of Chicago Press (2004).

The Contradictions of American Capital Punishment, New York: Oxford University Press (2003); paperback edition (2004)..

(with Margaret Rosenheim, David Tanenhaus, and Bernardine Dohrn, eds.) A Century of Juvenile Justice, Chicago: University of Chicago Press (2002).

(with Gordon Hawkins and Sam Kamin) Punishment and Democracy: Three Strikes and You're Out in California, New York: Oxford University Press (2001).

(with Jeffrey Fagan, ed.) The Changing Borders of Juvenile Justice: Transfer from Juvenile to Criminal Court, Chicago: University of Chicago Press (2000).

(with Sam Kamin and Gordon Hawkins) Crime and Punishment in California: The Impact of Three Strikes and You're Out, Berkeley: Institute of Governmental Studies (1999).

American Youth Violence, New York: Oxford University Press (1998); paperback edition (2000).

(with Gordon Hawkins) Crime Is Not the Problem: Lethal Violence in America, New York: Oxford University Press (1997); paperback edition (1999).

(with Gordon Hawkins) *Incapacitation: Penal Confinement and the Restraint of Crime*, New York: Oxford University Press (1995); paperback edition (1997).

(with Gordon Hawkins) *Prison Population and Criminal Justice Policy in California*, Berkeley: Institute of Governmental Studies (1992).

(with Gordon Hawkins) *The Search for Rational Drug Control*, New York: Cambridge University Press (1992); paperback edition (1995).

(with Gordon Hawkins) *The Scale of Imprisonment*, Chicago: University of Chicago Press (1991); paperback edition (1993).

(with Gordon Hawkins) *Pornography in a Free Society*, New York: Cambridge University Press (1988); paperback edition (1991).

(with Michael Laurence and John Snortum, eds.) Social Control of the Drinking Driver, Chicago: University of Chicago Press (1988).

(with Gordon Hawkins) *The Citizen's Guide to Gun Control*, New York: Macmillan Publishing Company (1987); paperback edition (1992).

(with Gordon Hawkins) Capital Punishment and the American Agenda, New York: Cambridge University Press (1987); paperback edition (1989).

(with Mark Siegler, Steven Toulman, Kenneth Schaffner, eds.) *Medical Innovation and Bad Outcomes: Legal, Social, and Ethical Responses*, Ann Arbor, MI: Health Administration Press (1987).

(with Gordon Hawkins, ed.) The Pursuit of Criminal Justice: Essays From the Chicago Center, Chicago: University of Chicago Press (1984); Midway reprint edition (1986).

(with Michael Tonry, ed.) *Reform and Punishment: Essays on Criminal Sentencing*, Chicago: University of Chicago Press (1983).

The Changing Legal World of Adolescence, New York: The Free Press (1982); paperback edition (1985).

(with Richard Frase) The Criminal Justice System: Materials on the Administration and Reform of the Criminal Law, Boston: Little, Brown and Company (1980).

Confronting Youth Crime: Report of the Twentieth Century Fund Task Force on Sentencing Policy Toward Young Offenders, New York: Holmes and Meier (1978).

(with Gordon Hawkins) *Deterrence: The Legal Threat in Crime Control*, Chicago: University of Chicago Press (1973); Phoenix edition (1976).

Perspectives on Deterrence, Washington, D.C.: National Institute of Mental Health (1971).

(with George P. Newton) Firearms and Violence in American Life, Task Force Report to the National Commission on the Causes and Prevention of Violence, Washington, D.C.: U.S. Government Printing Office (1969).

# **SCHOLARLY ARTICLES**

Public Sentiment, Political Action, and Governmental Crime Policy—On the Origins and Significance of Mixed Feelings, *Criminology and Public Policy* 7:467 (August 2008).

Preface to the Chinese edition, *The Contradictions of American Capital Punishment*, Shanghai Joint Publishing, pp. 4-7 (2008).

Preface to the Chinese edition, *A Century of Juvenile Justice*, Beijing: The Commercial Press (2008).

Criminology and Its Discontents: The American Society of Criminology 2007 Sutherland Address, *Criminology* 46:255 (May 2008)

Violence and Drugs: Divide, Then Conquer? *Berkeley Review of Latin American Studies* pp. 40-41 (Spring 2008).

Handgun Control, The Second Amendment and Judicial Legislation in the D.C. Circuit: A Vote on *Parker v. District of Columbia, New Criminal Law Review* 2:312 (2008).

(with David Johnson) Law, Society and Capital Punishment in Asia, *Punishment & Society* 10:103 (2008); also published in *Criminal Law Review* 19:109, (translated into Chinese by Richard Chiang for Peking University Press) (2006).

(with Gordon Hawkins) Crime Is Not the Problem: Lethal Violence in America, in Mary E. Vogel, ed., Crime, Inequality and the State, Routledge (2007).

Protect Individual Punishment Decisions from Mandatory Penalties, *Criminology and Public Policy* 6:881 (November 2007).

(with Alex Piquero and Wesley Jennings) Sexual Delinquency in Racine: Does Early Sex Offending Predict Later Sex Offending in Youth and Young Adulthood? *Criminology and Public Policy* 6:507 (August 2007).

Vollmer Award Address: The Necessity and Value of Transnational Comparative Study--Some Preaching from a Recent Convert, *Criminology and Public Policy* 5:615 (November 2006).

(with David Johnson) Taking Capital Punishment Seriously, Asian Criminology 1:89 (2006).

(with Cheryl Marie Webster and Anthony N. Doob) Proposition 8 and Crime Rates in California: The Case of the Disappearing Deterrent, *Criminology and Public Policy* 5:1501 (August 2006).

(with Jeffrey Fagan and Amanda Geller) Capital Punishment and Capital Murder: Market Share and the Deterrent Effects of the Death Penalty, *Texas Law Review* 84:1803 (June 2006).

(with David Johnson) Public Opinion and the Governance of Punishment in Democratic Political Systems, *The Annals of The American Academy of Political and Social Science* 605:266 (May 2006).

(with David Johnson) On the Comparative Study of Corruption, *British Journal of Criminology* 45:793 (2005); also in the *Pacific McGeorge Global Business and Development Law Journal* 20:243 (2007) and in K. Padmaja, ed., *Corruption: Socio Legal Dimensions*, The ICFAI University Press (2008).

Penal Policy and Penal Legislation in Recent American Experience, Stanford Law Review 58:323 (2005).

Path Dependence, Culture and State-Level Execution Policy: A Reply to David Garland, *Punishment and Society* 7:377 (2005).

Minimizing Harm from Minority Disproportion, in Darnell F. Hawkins and Kimberly Kempf-Leonard, eds., *Our Children, Their Children: Confronting Racial and Ethnic Differences in American Juvenile Justice*, University of Chicago Press (2005).

Política Criminal y Legislación Penal en la Experiencia Estadounidense Reciente [Criminal Policy and Penal Legislation in the Recent American Experience], in José Luis Díez Ripollés, Ana María Prieto del Pino and Susana Soto Navarro, eds., *La Política Legislative Penal en Occidente: Una Perspectiva Comparada* [Legislative Penal Policy in the West: A Comparative Perspective], Tirant lo Blanch (2005).

In Memoriam: Norval Morris (1923-2004), The University of Chicago Law Review 72:459 (2005).

The Unexamined Death Penalty: Capital Punishment and Reform of the Model Penal Code, Columbia Law Review 105:1396 (2005).

Symbol and Substance in the Massachusetts Commission Report, *Indiana Law Journal* 80:115 (2005).

(with Michael Vitiello, Clark Kelso, Erwin Chemerinsky, Kevin Reitz, and Jonathan Turley) A Proposal for a Wholesale Reform of California's Sentencing Practice and Policy, Loyola of Los Angeles Law Review 38:903 (2004).

The Discrete Character of High-Lethality Youth Violence, Youth Violence: Scientific Approaches to Prevention, Annals of the New York Academy of Sciences 1036:290 (2004).

The Weakest Link: Human Rights and the Criminal Offender in Modern Democratic Government, in Gerben Bruinsma, Henk Elffers, and Jan de Keijser, eds., *Punishment, Places, and Perpetrators: Developments in Criminology and Criminal Justice Research,* Wilan Publishing (2004).

Firearms, Violence, and the Potential Impact of Firearms Control, *The Journal of Law, Medicine, and Ethics* 32:34 (2004).

(with Gordon Hawkins) Democracy and the Limits of Punishment: A Preface to Prisoners' Rights, in Michael Tonry, ed., *The Future of Imprisonment*, Oxford University Press (2004).

Continuity and Change in the American Gun Debate in Jens Ludwig and Philip J. Cook, eds., *Evaluating Gun Policy: Effects on Crime and Violence*, Washington, DC: Brookings Institution Press (2003); also as Chapter 1 in Bernard E. Harcourt, ed., *Guns, Crime, and Punishment in America*, New York: New York University Press (2003).

The Peculiar Present of American Capital Punishment in Stephen P. Garvey, ed., *Beyond Repair? America's Death Penalty*, Durham, NC: Duke University Press (2003).

(with Sam Kamin) Facts, Fallacies, and California's Three Strikes, *Duquesne Law Review* 40:605 (2002).

(with Gordon Hawkins) Capital Punishment, in Oxford Companion to American Law, New York: Oxford University Press (2002).

The New Politics of Criminal Justice: Of "Three Strikes," Truth-in-Sentencing, and Megan's Laws, National Institute of Justice Research Report, Perspectives on Crime and Justice: 1999-2000 Lecture Series, Washington, DC, Volume 4 (March 2001).

Crime, Criminal Justice, and Criminology for a Smaller Planet: Some Notes on the 21<sup>st</sup> Century (Noriyoshi Takemura, translator), *Toin Law Review* 8:75 (2001)

Crime, Criminal Justice, and Criminology for a Smaller Planet: Some Notes on the 21<sup>st</sup> Century, *The Australian and New Zealand Journal of Criminology* 34:213 (2001)

Imprisonment Rates and the New Politics of Criminal Punishment, *Punishment and Society* 3:161 (2001); also as Chapter 10 in David Garland, ed., *Mass Imprisonment: Social Causes and Consequences*, London: Sage Publications (2001).

The Common Thread: Diversion in Juvenile Justice, *California Law Review* 88:2477 (2000); also as Chapter 5 in (with Margaret Rosenheim, David Tanenhaus, and Bernardine Dohrn, eds.) *A Century of Juvenile Justice*, Chicago: University of Chicago Press (2002).

(with Jeffrey Fagan) The Search for Causes in an Era of Declining Crime Rates: Some Lessons from the Study of New York City Homicide, *Crime and Delinquency* 46:446 (2000).

Incarceration Patterns, in Mass Incarceration: Perspectives on U.S. Imprisonment, University of Chicago Law School Roundtable, A Journal of Interdisciplinary Legal Studies, Volume 7 (2000).

Penal Proportionality and the Young Offender: Notes on Immaturity, Capacity, and Diminished Responsibility, in Thomas Grisso and Robert G. Schwartz, eds., Youth on Trial, Chicago: University of Chicago Press (2000).

The Punitive Necessity of Waiver, Chapter 6 in Fagan and Zimring, eds., *The Changing Borders of Juvenile Justice*, Chicago: University of Chicago Press (2000).

(with Jeffrey Fagan) Transfer Policy and Law Reform, Chapter 12 in Fagan and Zimring, eds., *The Changing Borders of Juvenile Justice*, Chicago: University of Chicago Press (2000).

American Youth Violence: Implications for National Juvenile Justice Policy, *Update on Law-Related Education* (American Bar Association publication) 23:6 (1999).

The Hardest of the Hard Cases: Adolescent Homicide in Juvenile and Criminal Courts, *Virginia Journal of Social Policy and the Law*, 6:437 (1999).

The 1990s Assault on Juvenile Justice: Notes from an Ideological Battleground, *Federal Sentencing Reporter* 11:260 (1999).

(with Jeffrey Fagan and June Kim) Declining Homicide in New York City: A Tale of Two Trends, Journal of Criminal Law and Criminology 88:1277 (1998); also (with Jeffrey Fagan) as Le Cause Della Diminuzione Dei Reati: Alcune Riflessioni Sull'Analisi Degli Omicidi a New York, in Marzio Barbagli, ed., Perché È Diminuita La Criminalità Negli Stati Uniti? Società Editrice II Mulino (2000).

The Executioner's Dissonant Song: On Capital Punishment and American Legal Values, Chapter 6 in Austin Sarat, ed., *Killing State: Capital Punishment in Law, Politics, and Culture*, Oxford University Press (1999); also in *Institute for Philosophy and Public Policy Report*19:1 (1999).

(with Gordon Hawkins) Public Attitudes Toward Crime: Is American Violence A Crime Problem? in Edward Rubin, ed., *Minimizing Harm: A New Crime Policy for Modern America*, Westview Press (1999).

Toward a Jurisprudence of Youth Violence, in Michael Tonry and Mark Moore, eds., *Youth Violence*. *Crime and Justice: A Review of Research*, University of Chicago Press (1998).

The Youth Violence Epidemic: Myth or Reality?, Wake Forest Law Review 33:727 (1998).

(with Gordon Hawkins) Crime Is Not the Problem: A Reply, *University of Colorado Law Review* 69:1177 (1998).

(with Gordon Hawkins) Lethal Violence and the Overreach of American Imprisonment, National Institute of Justice Research Report, Presentations from the 1996 Annual Research and Evaluation Conference, Washington, DC, July 1997.

Juvenile Violence in Policy Context, Valparaiso University Law Review 31:419 (1997).

The Doom of a Good Intention, Politics and the Life Sciences 16:44 (1997).

(with Gordon Hawkins) Concealed Handguns: The Counterfeit Deterrent, *The Responsive Community*, Spring 1997, p. 46.

Kids, Guns, and Homicide: Policy Notes on an Age-Specific Epidemic, *Law and Contemporary Problems* 59:25 (1996).

Populism, Democratic Government, and the Decline of Expert Authority: Some Reflections on "Three Strikes" in California, *Pacific Law Journal* 28:243 (1996).

(with Gordon Hawkins) Is American Violence a Crime Problem?, *Duke Law Journal* 46:43 (1996); also in Edward Rubin, ed., *Minimizing Harm as a Goal for Crime Policy in California*, California Policy Seminar Policy Research Program Report (1997).

The Wages of Ambivalence: On the Context and Prospects of New York's Death Penalty, *Buffalo Law Review* 44:303 (1996).

(with Adolfo Ceretti and Luisa Broli) Crime Takes a Holiday in Milan, Crime and Delinquency 42:269 (1996).

The Genetics of Crime, *Politics and the Life Sciences* 15:105 (1996).

(with Gordon Hawkins) Toward a Principled Basis for Federal Criminal Legislation, *The Annals of the American Academy of Political and Social Science* 543:15 (1996).

Firearms Control in Federal Law in the United States: Current Conditions and Further Choices, UNAFEI Resource Materials Series, No. 46 (Materials Produced during the 96th International Seminar Course on the "Promotion of International Cooperation in Criminal Justice Administration), p. 117 (1995).

Reflections on Firearms and the Criminal Law, Journal of Criminal Law and Criminology 86:1 (1995).

(with William Nelson) Cigarette Taxes as Cigarette Policy, Tobacco Control 4:S25 (1995).

(with Gordon Hawkins and Hank Ibser) Estimating the Effects of Increased Incarceration on Crime in California, California Policy Seminar Brief, Volume 7, July 1995.

(with Johannes van Vuren and Jan van Rooyen) Selectivity and Racial Bias in a Mandatory Death Sentence Dispensation: A South African Case Study, Comparative and International Law Journal of Southern Africa 28:107 (1995); Misleading Statistics and the Death Penalty -- Two Authors Reply to Henry Lever, Comparative and International Law Journal of Southern Africa 30:364 (1997).

(with Gordon Hawkins) The Growth of Imprisonment in California, British Journal of Criminology 34:83 (1994).

Policy Research on Firearms and Violence, Health Affairs 12:109 (1993).

(with Gordon Hawkins) Crime, Justice, and the Savings and Loan Crisis, Crime and Justice 18:247 (1993).

(with Gordon Hawkins) Continuity and Focus in Criminal Justice Research, *Journal of Research in Crime and Delinquency* 20:525 (1993).

Comparing Cigarette Policy and Illicit Drug and Alcohol Control, in Robert Rabin and Stephen Sugarman, eds., Smoking Policy: Law, Politics, and Culture, Oxford University Press (1993).

On the Liberating Virtues of Irrelevance, Law and Society Review 27:9 (1993).

Drug Treatment as a Criminal Sanction, University of Colorado Law Review 64:809 (1993).

Prison Population and Criminal Justice Policy in California, California Policy Seminar Brief, Volume 4, August 1992.

Inheriting the Wind: The Supreme Court and Capital Punishment in the 1990s, *Florida State University Law Review* 20:1 (1992).

The Jurisprudence of Teenage Pregnancy, in Margaret Rosenheim and Mark Testa, eds., *Early Parenthood and Coming of Age in the 1990s*, Rutgers University Press (1992).

The Multiple Middlegrounds Between Civil and Criminal Law, Yale Law Journal 101:1901 (1992).

(with Gordon Hawkins) What Kind of Drug War?, Social Justice 18:104 (1991).

Firearms, Violence, and Public Policy, *Scientific American*, November 1991, p. 48; also in Robert K. Miller, ed., *The Informed Argument*, Harcourt Brace (1995); K. Ackley, ed., *Perspective on Contemporary Issues*, Harcourt Brace (1996).

Ambivalence in State Capital Punishment Policy: An Empirical Sounding, New York University Review of Law and Social Change 18:729 (1991).

(with Gordon Hawkins) The Wrong Question: Critical Notes on the Decriminalization Debate, in Melvyn Krauss and Edward Lazear, eds., Search for Alternatives: Drug-Control Policy in the United States, Hoover Institution Press (1991).

The Limits of Criminal Punishment: Some Ethical Issues for the 1990s, in David Gordis, ed., *Crime, Punishment, and Deterrence: An American-Jewish Exploration*, University of Judaism (1991).

The Treatment of Hard Cases in American Juvenile Justice: In Defense of Discretionary Waiver, *Notre Dame Journal of Law, Ethics and Public Policy* 5:267 (1991).

Punishing the Drinking Driver: Toward an Experimental Design, *Alcohol, Drugs, and Driving* 6:199 (1990).

(with Gordon Hawkins) On the Scale of Imprisonment: Downes's Contrasts in Tolerance, Journal of the American Bar Foundation 14:527 (1989).

The Problem of Assault Firearms, Crime and Delinquency 35:538 (1989).

Methods for Measuring General Deterrence: A Plea for the Field Experiment, in Martin Friedland, ed., Sanctions and Rewards in the Legal System, University of Toronto Press (1989).

(with Gordon Hawkins) The Path Toward the Abolition of Capital Punishment in the Industrial West, *Revue Internationale de Droit Penal* 58:669 (1988).

(with Gordon Hawkins) The New Mathematics of Imprisonment, *Crime and Delinquency* 34:425 (1988); Response to Zedlewski, *Crime and Delinquency* 35:316 (1989).

(with Gordon Hawkins) Murder, the Model Code, and the Multiple Agendas of Reform, *Rutgers Law Journal* 19:733 (1988).

Law, Society, and the Drinking Driver: Some Concluding Reflections, in Michael Laurence, John Snortum, and Franklin Zimring, eds., *Social Control of the Drinking Driver*, University of Chicago Press (1988).

Principles of Criminal Sentencing, Plain and Fancy, *Northwestern University Law Review* 82:73 (1987).

Legal Perspectives on Family Violence, *California Law Review* 75:521 (1987); also as Toward a Jurisprudence of Family Violence, in Lloyd Ohlin and Michael Tonry, eds., *Family Violence*, University of Chicago Press (1989).

(with Gordon Hawkins) Dangerousness and Criminal Justice, Michigan Law Review 85:481 (1987).

Some Social Bases for Compensation Schemes, in Mark Siegler, Steven Toulman, Franklin Zimring, and Kenneth Schaffner, eds., *Medical Innovation and Bad Outcomes: Legal, Social, and Ethical Responses*, Health Administration Press (1987).

(with Gordon Hawkins) A Punishment in Search of a Crime: Standards for Capital Punishment in the Law of Criminal Homicide, *Maryland Law Review* 46:1001 (1986).

Gun Control, Bulletin of New York Academy of Medicine 62:5 (1986).

(with James Zuehl) Victim Injury and Death in Urban Robbery: A Chicago Study, *Journal of Legal Studies* 15:1 (1986).

(with Gordon Hawkins) Cycles of Reform in Youth Corrections: The Story of Borstal, in Peter Greenwood, ed., *The Juvenile Rehabilitation Reader*, Rand Corporation (1985).

(with Gordon Hawkins) Western European Perspectives on the Treatment of Young Offenders, in Peter Greenwood, ed., *The Juvenile Rehabilitation Reader*, Rand Corporation (1985).

(with Gordon Hawkins) Capital Punishment and the Eighth Amendment: Furman and Gregg in Retrospect, *UC Davis Law Review* 18:927 (1985).

Violence and Firearms Policy, in Lynn Curtis, ed., *American Violence and Public Policy*, Yale University Press (1985).

(with Rayman Solomon) The Principle of the Thing: Goss v. Lopez, Student Rights, and Litigation in the Public Interest of Children, in Robert Mnookin, ed., *In the Interest of Children: Advocacy, Law Reform, and Public Policy*, Part VI, W.H. Freeman (1985).

Youth Homicide in New York: A Preliminary Analysis, Journal of Legal Studies 13:81 (1984).

Sentencing Reform in the States, in Franklin Zimring and Michael Tonry, eds., *Reform and Punishment: Essays on Criminal Sentencing*, University of Chicago Press (1983).

(with Satyanshu K. Mukherjee and Barrik Van Winkle) Intimate Violence: A Study of Intersexual Homicide in Chicago, *University of Chicago Law Review* 50:910 (1983).

Kids, Groups, and Crime: Some Implications of a Well-Known Secret, *Journal of Criminal Law and Criminology* 72:867 (1981).

Handguns in the Twenty-First Century: Alternative Policy Futures, *The Annals of the American Academy of Political and Social Sciences* 455:1 (1981).

Secret Service "Dangerousness" Research, in Jane Takeuchi, Frederic Solomon, and W. Walter Menniger, eds., *Behavioral Science and the Secret Service: Toward the Prevention of Assassination*, National Academic Press (1981).

Notes Toward a Jurisprudence of Waiver, in John Hall, Donna Hamparian, John Pettibone, and Joseph White, eds., *Issues in Juvenile Justice Information and Training*, Academy of Contemporary Problems (1981).

Privilege, Maturity, and Responsibility: Notes on the Emerging Jurisprudence of Adolescence, in Lamar Empey, ed., *The Future of Childhood and Juvenile Justice*, University Press of Virginia (1980).

American Youth Violence: Issues and Trends, in Norval Morris and Michael Tonry, eds., *Crime and Justice: A Review of Research*, University of Chicago Press (1979).

(with Gordon Hawkins) Ideology and Euphoria in Crime Control, Toledo Law Review 10:370 (1979).

Pursuing Juvenile Justice: Comments on Some Recent Reform Proposals, *University of Detroit Journal of Urban Law* 55:631 (1978).

Policy Experiments in General Deterrence, 1970-1975, in Alfred Blumstein, Jacqueline Cohen, and Daniel Nagin, eds., *Deterrence and Incapacitation: Estimating the Effects of Criminal Sanctions on Crime Rates*, National Academy of Science (1978).

Bad Checks in Nebraska: A Study of Complex Threats, in Greenburg, ed., *Punishment and Corrections*, Sage Publications (1977).

The Serious Juvenile Offender: Notes on an Unknown Quantity, in *The Serious Juvenile Offender: Proceedings of a National Symposium Held in Minneapolis, Minnesota on September 19 and 20, 1977*, U.S. Government Printing Office (1978).

Determinants of the Death Rate from Robbery: A Detroit Time Study, *Journal of Legal Studies* 6:317 (1977).

Making the Punishment Fit the Crime: A Consumer's Guide to Sentencing Reform, *Hastings Center Reports*, December 1976; also in University of Chicago Law School, *Occasional Papers*, No. 12 (1977); Hyman Gross and Andrew von Hirsch, eds., *Sentencing*, Oxford University Press (1981); Culbertson and Tezak, eds., *Order Under Law*, Waveland Press (1981).

(with Joel Eigen and Sheila O'Malley) Punishing Homicide in Philadelphia: Perspectives on the Death Penalty, *University of Chicago Law Review* 43:227 (1976); also in Hugo Bedau and Chester Pierce, eds., *Capital Punishment in the United States*, AMS Press (1976); *Civil Rights*, Staff Report of the Sub-Committee on Constitutional Rights of the Committee on the Judiciary, U.S. Senate (1976).

Street Crime and New Guns: Some Implications for Firearms Control, *Journal of Criminal Justice* 4:95 (1976).

Field Experiments in General Deterrence: Preferring the Tortoise to the Hare, *Evaluation Magazine*, Volume 3, Russell Sage Publications (1976).

Firearms and Federal Law: The Gun Control Act of 1968, *Journal of Legal Studies* 4:133 (1975); also in *Evaluation Annual*, Volume 1, Russell Sage Publications (1977); *Improving the Criminal Justice System in the United States*, 94th Congress, 2d Session, Library of Congress Document No. 94-171, at 273.

Measuring the Impact of Pretrial Diversion from the Criminal Justice System, *University of Chicago Law Review* 41:224 (1974); also in *Crime and Justice Annual -- 1974*, Aldine (1975); Povl Boesen and Stanley Grupp, eds., *Community Based Corrections: Theory, Practice and Research*, Davis Publishing Company (1976).

Threat of Punishment as an Instrument of Crime Control, *Proceedings of the American Philosophical Society* 118:231 (1974).

(with Richard Block) Homicide in Chicago, 1965-70, *Journal of Research in Crime and Delinquency* 10:1 (1973); also in Lee Rainwater, ed., *Deviance and Liberty*, Aldine (1974).

Of Doctors, Deterrence, and the Dark Figure of Crime: A Note on Abortion in Hawaii, *University of Chicago Law Review* 39:699 (1972).

The Medium is the Message: Firearms Caliber as a Determinant of the Death Rate from Assault, *Journal of Legal Studies* 1:97 (1972).

(with Gordon Hawkins) The Legal Threat as an Instrument of Social Change, *Journal of Social Issues* 27:33 (1971); also in Ronald Akers and Richard Hawkins, eds., *Law and Control in Society*, Prentice-Hall (1974); June Louin Tapp and Felice Levine, eds., *Law, Justice, and the Individual in Society*, Holt, Rinehart (1977).

Firearms and Federal Criminal Law, Working Papers of the National Commission on the Reform of Federal Criminal Laws, Volume II, U.S. Government Printing Office (1970).

(with Norval Morris) Deterrence and Corrections, Annals of the American Academy of Political Social Sciences (1969).

(with Gordon Hawkins) Deterrence and Marginal Groups, *Journal of Research in Crime and Delinquency* 5:100 (1968).

Games with Guns and Statistics, Wisconsin Law Review 1968:1113 (1968).

Is Gun Control Likely to Reduce Violent Killings?, University of Chicago Law Review 35:721 (1968).

(with Edward H. Hunvald) Missouri Implied Consent Statutes, Missouri Law Review 33:323 (1968).

"Free Press-Fair Trial" Revisited: Defendant-Centered Remedies as a Publicity Policy, *University of Chicago Law Review* 33:512 (1966).

#### **GENERAL**

Guns: Liberty or Order? The National Law Journal, Vol. 30, No. 30, April 7, 2008, p. 23.

What Lies Behind the Case of Lethal Injection? *The Sacramento Bee,* Sunday, December 16, 2007, p. E1; reprinted in *The Police News* (Gulf Coast edition), Vol. V, No. 1, January 2008, p. 14.

A Tale of Two Despots, The National Law Journal, Vol. 29, No. 49, August 6, 2007, p. 23.

Little Changes, Big Results, The New York Times, April 8, 2007, p. 9.

Foreword to Peter Greenwood, Changing Lives: Delinquency Prevention as Crime Control Policy, University of Chicago Press (2005).

Capital Punishment: An American Dilemma, in "Shalt Thou Kill? An In-Depth Look at Capital Punishment," *Christian Networks Journal*, Fall 2005, p. 17.

Terri Schiavo and the Dilemma of "Life or Death" Litigation, San Francisco Daily Journal, June 15, 2005, p. 6.; Los Angeles Daily Journal, June 15, 2005, p. 6.

A Death Knell for the Death Penalty? Newsday, March 4, 2005, p. A47.

Review of Kathleen Auerhahn, Selective Incapacitation and Public Policy: Evaluating California's Imprisonment Crisis, Contemporary Sociology 34:62 (2005).

Foreword to Thomas Grisso, *Double Jeopardy: Adolescent Offenders with Mental Disorders*, University of Chicago Press (2004).

Three-Ring Capital-Punishment Circus, Los Angeles Daily Journal, February 20, 2004, p. 6.

Confessions of a Former Smoker, in Jane E. Aaron, *The Compact Reader: Short Essays by Method and Time* (Seventh Edition), Boston: Bedford/St. Martin's (2003);also as Hot Boxes for Ex-Smokers, *Newsweek*, My Turn, April 20, 1987, p. 12.

Train an Impartial Eye on Police Behavior, Los Angeles Times, July 12, 2002, p. A17.

(with Gordon Hawkins) The Ethics of Criminal Justice: Aspects of Human Dignity, *International Encyclopedia of the Social and Behavioral Sciences*, Volume 5, p. 2949 (2002).

Review of David Garland, The Culture of Control: Crime and Social Order in Contemporary Society, Criminal Justice 1:465 (2001).

McVeigh's Execution Will Heal Neither Survivors Nor Public, *Los Angeles Times*, May 11, 2001, p. B17.

The Walking Plea of Wen Ho Lee, San Francisco Chronicle, October 2, 2000, p. A21

Contributor to M. Dwayne Smith, A New Era of Homicide Studies? Visions of a Research Agenda for the Next Decade, Homicide Studies 4:1 (2000).

It's Violence by All, Not Just Teen Violence, Los Angeles Times, August 8, 2000, p. B9.

# FRANKLIN E. ZIMRING

PAGE 13

Bring Courage Back into Fashion, Los Angeles Times, January 16, 2000, p. M5.

Capital Punishment, Microsoft's Encarta Encyclopedia (CD-ROM) (1999).

Gun Control, Microsoft's Encarta Encyclopedia (CD-ROM) (1999).

Criminal Investigation Is Just a Human Art, Los Angeles Times, August 1, 1999, p. M5.

Curb Imperial Power of Prosecutors, Los Angeles Times, April 20, 1999, p. A15.

Mystery Terms, Boston Review, New Democracy Forum, April/May 1999, p. 17.

Marking Time on Death Row, The 1999 World Book Year Book, World Book, Inc. (1999).

What is the Aim of Criminal Law? Los Angeles Times, January 14, 1999, p. A15.

The Buck Stops with Prison Managers: Perspective on the Corcoran Report, *Los Angeles Times*, November 28, 1998, p. M5.

(with Gordon Hawkins) Review of Jacob Sullum, For Your Own Good: The Anti-Smoking Crusade and the Tyranny of Public Health, The Responsive Community 8:75 (1998).

A Gulag Mentality in the Prisons, Los Angeles Times, July 15, 1998, p. B9.

Thank You for Not Sneezing, Los Angeles Times, February 1, 1998, p. M5.

The Truth About Repeat Sex Offenders, Los Angeles Times, May 5, 1997, p. B5.

Review of Ugljesa Zvekic and Anna Alvazzi del Frate, eds., Criminal Victimization in the Developing World, Contemporary Sociology 25:663 (1996).

Paranoia on the Playground, Los Angeles Times, November 11, 1996, p. B5.

Crying Wolf over Teen Demons, Los Angeles Times, August 19, 1996, p. B5.

Gun Control, Microsoft's Encarta Encyclopedia (CD-ROM) (1996).

Crime Is Not the Problem, Iowa Advocate, Spring/Summer 1996, p. 34.

Deadly Force: South Africa's Brave and Necessary Gamble with Its Death Penalty, *Chicago Tribune*, July 6, 1995, p. 19.

Will Success Spoil James Q. Wilson?, Journal of Criminal Law and Criminology 85:828 (1995).

Introduction to David Indermaur, Violent Property Crime, The Federation Press (1995).

For Gun Control, Give Big Cities Local Control, Los Angeles Times, May 17, 1995, p. B7.

Death Penalty, jungeWelt, April 1, 1995, p. 2.

Don't Bet on Executions Here Any Time Soon, *Newsday*, February 21, 1995, p. A27; also as Executions in New York? Don't Bet on It, *New York Law Journal*, February 27, 1995.

Clouding the Issue: Tobacco Industry Tries to Choke Off a Lawsuit, Los Angeles Daily Journal, December 12, 1994, p. 4.

The Voodoo Economics of California Crime, Overcrowded Times, October 1994, p. 3.

(with Gordon Hawkins) Policy on Crime, in Leonard Levy and Louis Fisher, eds., *Encyclopedia of the American Presidency*, Simon and Schuster (1994).

Tough Crime Laws Are False Promises, *Insight on the News* 10:21 (1994); also in *Federal Sentencing Reporter* 6:61 (1994).

"Three Strikes" Law Is Political Fool's Gold, The Christian Science Monitor, April 11, 1994, p. 23.

New Senate, Same Old Crime Debate, The American Lawyer, March 1994, p. 25.

To Punish Genocide with Death Is Overkill, Los Angeles Times, December 2, 1993, p. B7.

Introduction to Harry Kalven, Jr. and Hans Zeisel, The American Jury, Gryphon Editions (1993).

A Country Where There Is No Status Quo, Los Angeles Times, June 30, 1993, p. B7.

Hanged If We Do, Or We Don't, Johannesburg Star, April 5, 1993.

The Color of Murder, Legal Times, February 22, 1993, p. 34.

Intercept Migrating Guns, Christian Science Monitor, September 10, 1992, p. 18.

Are State Prisons Undercrowded?, Federal Sentencing Reporter 4:347 (1992).

Politics Dictate Wilson's Verdict, Los Angeles Times, April 12, 1992, p. M5.

Tribute to Sheldon Messinger, California Law Review 80:307 (1992).

(with Gordon Hawkins) Review of Samuel Gross and Robert Mauro, Death and Discrimination: Racial Disparities in Capital Sentencing, Constitutional Commentary 9:135 (1992).

(with Gordon Hawkins) Why the S&L Gang Isn't in Jail, Los Angeles Times, February 3, 1992, p. B5.

(with Michael Laurence) Capital Punishment, in Leonard Levy, ed., Supplement to the Encyclopedia of the American Constitution, Macmillan (1991).

More Jail Cells, Fewer Classrooms, Los Angeles Times, May 31, 1991, p. B5.

The Speaking Engagement as One-Night Stand, California Monthly, April 1991, p. 17.

The Great American Lockup, Washington Post, February 28, 1991, p. A19.

Strategies for Arms Control: Trace Illegal Firearms, New York Times, January 4, 1991, p. A13.

Foreword to Stephen Sugarman and Herma Hill Kay, eds., *Divorce Reform at the Crossroads*, Yale University Press (1990).

Greenmail Goes Transnational, *Los Angeles Times*, March 23, 1990, p. B7; also as Can East Germany Leverage Its Way to Wealth?, *Newsday*, April 9, 1990, p. 43.

A Solitary Symbol in a Deadly Tug of War, Los Angeles Times, January 29, 1990, p. B5.

Review of Donald Downs, *The New Politics of Pornography*, *New York Times Book Review*, January 28, 1990, p. 18.

(with Gordon Hawkins) Bennett's Sham Epidemic, New York Times, January 25, 1990, p. A23.

Hardly the Trial of the Century, Michigan Law Review 87:1307 (1989).

Foreword to James Jacobs, *Drunk Driving: An American Dilemma*, University of Chicago Press (1989).

Review of Jack Katz, Seductions of Crime, New York Times Book Review, November 20, 1988, p. 50.

Drug Death Penalty: A Federal Tantrum, *New York Times*, September 16, 1988, p. 19; also as A Temper Tantrum Masquerading as an Act of Government, *Los Angeles Daily Journal*, September 20, 1988.

Pint-Sized Debate on Child Executions: More Jurisprudence from the Briar Patch, *Legal Times*, July 18, 1988, p. 14; also as Can the Bad Die Young?, *The Connecticut Law Tribune*, July 18, 1988, p. 10; Justices Waffle on Death Penalty, *Fulton County Daily Report*, July 19, 1988, p. 2; Decision on Executing Youths Highlights Death Penalty Dilemma, *Manhattan Lawyer*, July 19, 1988, p. 12; The Court's Death Sentence Schizophrenia, *The Texas Lawyer*, July 25, 1988, p. 29; A Stumble at the Finish Line. *The Recorder*, July 28, 1988, p. 4.

If We Have Reached a Landmark in Our Execution Policy, It Is Still One of Confusion, *Los Angeles Times*, March 18, 1988, Part II, p. 7.

NRA's Latest Advice Can Get You Killed, Los Angeles Times, December 6, 1987, Part V, p. 5.

Review of James Wright and Peter Rossi, Armed and Considered Dangerous: A Survey of Felons and Their Firearms, American Journal of Sociology 93:224 (1987).

Why the Goetz Verdict Was Not a Landmark Precedent, New York Times, June 21, 1987, p. 25.

Is Court Too Split To Sanction Death?, Los Angeles Times, April 27, 1987, Part II, p. 5.

A Frequent Flier Explains the Thrill, *New York Times*, April 20, 1987, p. 19; also as Rewarding the Pinball for Its Tos and Fros, *International Herald Tribune*, April 23, 1987, p. 5; Confessions of a Frequent Flier, *Chemtech*, June 1988, p. 386.

Beyond Solomon: The "Tragic Choice" Cases, Los Angeles Times, March 16, 1987, Part II, p. 5.

EF Hutton Goes South, Michigan Law Review 85:397 (1987).

Is Retribution Only for a Few?, Los Angeles Times, December 4, 1986, Part II, p. 7.

Facing the Threat of a Crippled UC, Los Angeles Times, September 3, 1986, Part II, p. 5.

The Death Penalty: Ten Dark Years, New York Times, June 19, 1986, p. 27.

Gun Lobby's Victory Can Help Handgun Control, Los Angeles Times, April 28, 1986, Part II, p. 5.

Justice Teeters on the Fine Points, Los Angeles Times, January 29, 1986, Part II, p. 5.

Review of Henry Pontell, A Capacity to Punish, American Journal of Sociology 91:724 (1985).

Two New Books on Guns, Michigan Law Review 83:954 (1985).

Lessons for the Urban Jungle, Los Angeles Times, March 15, 1985, Part II, p. 5.

Smoking and Public Policy, Chicago Tribune, Perspective Section, January 18, 1985, p. 27.

Research Agendas, Information Policies and Program Outcomes, in Alan Westin, ed., Information Policy and Crime Control Strategies: Proceedings of a Bureau of Justice Statistics/Search Conference, U.S. Government Printing Office (1984).

# Franklin E. Zimring Page 16

Is Crime Going Out of Style?, Los Angeles Times, July 12, 1984; also as Is American Crime Up or Down?, Newsday, August 30, 1984, p. 89.

The Dan White Case: Justice Is a Victim, Los Angeles Times, January 6, 1984, Part II, p. 5.

The Death Penalty's Iron Law, New York Times, October 12, 1983, p. 27; also in Los Angeles Times, September 21, 1983, Part II, p. 7.

Where Do the New Scholars Learn New Scholarship?, Journal of Legal Education 33:453 (1983).

(with Gordon Hawkins) Crime Commissions, in Sanford Kadish, ed., Encyclopedia of Crime and Justice, Volume 1, The Free Press, Macmillan (1983).

(with James Lindgren) Regulation of Guns, in Sanford Kadish, ed., *Encyclopedia of Crime and Justice*, Volume 2, The Free Press, Macmillan (1983).

Foreword to John Kaplan, *The Hardest Drug: Heroin and Social Policy*, University of Chicago Press (1983).

Review of Arnold Trebach, *The Heroin Solution*, and John Kaplan, *The Hardest Drug: Heroin and Social Policy, The Times Literary Supplement*, June 10, 1983, p. 610.

Choosing the Right Camp for the Children, Institutions Etc. 6:21 (1983).

Idealizing the "Angels" on Death Row, Los Angeles Times, February 24, 1983, Part II, p. 7.

Uncle Sam's Wars on Crime, The New Republic 186:38 (1982).

Poland's "Real" Problem, Chicago Tribune, September 28, 1982, Perspective Section, p. 25.

Will the 21st Century Be Safer?, Chicago Tribune, April 13, 1982, Section 1, p. 22.

Crime: The 120-Day Solution, Chicago Tribune, September 28, 1981, Perspective Section, p. 25.

Review of Peter Prescott, The Child Savers: Juvenile Justice Observed, New York Times Book Review, June 14, 1981, p. 24.

(with Gordon Hawkins) Review of Walter Berns, For Capital Punishment: Crime and the Morality of the Death Penalty, American Journal of Sociology 86:1171 (1981).

Portnoy's Real Complaint, Moment 6:58 (1980).

Taking a Tour of America's Prisons, Chicago Tribune, September 14, 1980, Perspective Section, p. 4.

Foreword to Philip Cook and Daniel Nagin, *Does the Weapon Matter?*, Institute for Law and Social Research (1979).

Comment, Current Developments in Judicial Administration, Federal Rules Decisions 80:147 (1979).

Crime in the Streets, Chicago Sun Times Bookweek, November 27, 1978, p. 14.

Review of The Institute of Judicial Administration and the American Bar Association, *Juvenile Justice Standards Project, Harvard Law Review* 91:1934 (1978).

Review of Charles Silberman, *Criminal Justice*, *Criminal Violence*, *Chicago Tribune*, November 5, 1978, Section 7, p. 1.

# FRANKLIN E. ZIMRING

**PAGE 17** 

Review of John Allen, *Crime in the Streets: Assault with a Deadly Weapon*, Chicago Sun Times, November 27, 1977.

Foreword to Richard Block, Violent Crime: Environment, Interaction, and Death, Heath, Lexington (1977).

Comment, Hastings Center Report, p. 44 (1977).

Review of Mark Lane and Dick Gregory, Code Name Zorro, Chicago Sun Times, May 1, 1977.

Illegally Seized Evidence: Exclude It?, Los Angeles Times, April 20, 1976.

Review of Pretrial Intervention, in Abt Associates, *Pretrial Services: An Evaluation of Policy Related Research*, p. 152 (1975).

A Tale of Two Cities, Wall Street Journal, December 20, 1974, p. 12; also in Hearings of Senate Subcommittee to Investigate Juvenile Delinquency, Oversight of 1968 Gun Control Act, Volume 1, p. 11 (1975).

Eight Myths About Gun Control in the United States, Christian Science Monitor, July 24, 1972.

Getting Serious About Guns, The Nation 214:457 (1972).

Some Facts About Homicide, *The Nation* 214:303 (1972).

Firearms Control: Hard Choices, Trial, p. 53 (1972).

#### REPORTS TO GOVERNMENTAL AGENCIES

(with Peter W. Greenwood) One More Chance: The Pursuit of Promising Intervention Strategies for Chronic Juvenile Offenders, Rand Corporation (1985).

(with Peter W. Greenwood and Allan Abrahamse) Factors Affecting Sentence Severity for Young Adult Offenders, Rand Corporation (1984).

(with Peter W. Greenwood and Marvin Lavin) *The Transition From Juvenile to Adult Court*, Rand Corporation (1984).

(with Peter W. Greenwood, Albert J. Lipson, and Allan Abrahamse) *Youth Crime and Juvenile Justice:* A Report to the California Legislature, Rand Corporation (1983).

(with Peter W. Greenwood and Joan Petersilia) *Age, Crime, and Sanctions: The Transition From Juvenile To Criminal Court*, Rand Corporation (1980).

Dealing with Youth Crime: National Needs and Federal Priorities, a policy paper prepared for the Federal Coordinating Council on Juvenile Justice and Delinquency Prevention (1975) (mimeo).

The Court Employment Project: A Report to the City of New York (1974) (mimeo).

# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Alan Kachalsky, Christina Nikolov, Eric Detmer,
Johnnie Nance, Anna Marcucci-Nance,
and Second Amendment Foundation, Inc.,

Plaintiffs,

Plaintiffs,

Civil Action Number:
10-cv-5413

-against
(Hon. Cathy Seibel)

Susan Cacace, Jeffrey A. Cohen,
Albert Lorenzo, Robert K. Holdman

and County of Westchester,

Defendants.

# DECLARATION OF THE HONORABLE SUSAN CACACE

The undersigned declares under penalty of perjury and in accordance with 28 U.S.C. §1746 as follows:

- I am a Defendant herein and submit this declaration in support of the State
   Defendants' Cross-Motion for Summary Judgment and in opposition to the Plaintiffs'
   Motion for Summary Judgment based on my personal knowledge.
- 2. I am a County Court judge for Westchester. I have been on the bench for 5 years. Pursuant to New York State Penal Law § 265.00 (10) one of my duties as a county judge is to act as a Westchester County handgun licensing officer. As such, I am familiar with the practices and procedures regarding the application for, and issuance of, pistol, or handgun, permits in Westchester. I rendered a Decision and Order dated October 8, 2008 denying the application of plaintiff, Alan Kachalsky for a "full carry" pistol license.

- 3. In my role as a handgun licensing officer, I am presented with a packet of materials, including the application and the applicant's supporting documents; the results of any and all criminal and mental health background checks performed by the Department of Public Safety for Westchester, who, pursuant to Penal Law § 400.00 (4) is charged with investigating an applicant's background and application statements; and the recommendations of the various levels of the Department of Public Safety. The materials I reviewed in connection with Kachalsky's application are annexed to the Affirmation of Anthony J. Tomari, sworn to January 26, 2011, submitted in support of the State Defendants' Cross-Motion for Summary Judgment ("Tomari Aff.") as Exhibit F.
- 4. After reviewing the materials related to Mr. Kachalsky's application, I issued a decision and order denying Mr. Kachalsky's application, dated October 8, 2008, noting "the State has a substantial and legitimate interest and grave responsibility for ensuring the safety of the general public" and that licensing officers, such as myself, "are vested with broad discretion in determining applications for an unrestricted pistol license and are required to exercise their judgment on the basis of a total evaluation of relevant factors". A copy of my October 8, 2008 Order and Decision is annexed to the Tomari Aff. as Exhibit K.
- 5. I denied Mr. Kachalsky's application for an unrestricted, full carry pistol permit, as he failed to state "any facts which would demonstrate a need for self protection distinguishable from that of the general public", and because "based upon all the facts and circumstances of this application, it is my opinion that proper cause does not exist for the issuance of an unrestricted 'full carry' pistol license" to Mr. Kachalsky.

JAN-19-2011 11:46

P. 04

7. Rendering the October 8, 2008 Decision and Order was my only involvement in this controversy.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: January 18, 2011

White Plains, New York

Susan Cacace

### UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Alan Kachalsky, Christina Nikolov, Eric Detmer,
Johnnie Nance, Anna Marcucci-Nance,
and Second Amendment Foundation, Inc.,
Plaintiffs,
Plaintiffs,
Plaintiffs,
Civil Action Number:
10-cv-5413
-against(Hon. Cathy Seibel)
Susan Cacace, Jeffrey A. Cohen,
Albert Lorenzo, Robert K. Holdman
and County of Westchester,
Defendants
X

### DECLARATION OF THE HONORABLE JEFFREY A. COHEN

The undersigned declares under penalty of perjury and in accordance with 28 U.S.C. §1746 as follows:

- I am a Defendant herein and submit this declaration in support of the State
   Defendants' Cross-Motion for Summary Judgment and in opposition to the Plaintiffs'
   Motion for Summary Judgment based on my personal knowledge.
- 2. I currently serve as a Justice on the bench of the Appellate Division,
  Second Department. Prior to my appointment to the Appellate Division on December 9,
  2010, I served as a County Court judge for Westchester County ("Westchester"), for three
  (3) years, and a New York State Supreme Court Justice for approximately one (1) year.
  Pursuant to New York State Penal Law § 265.00 (10) one of my duties as a Westchester
  county court judge is to act as a Westchester County handgun licensing officer. As such,
  I am familiar with the practices and procedures regarding the application for, and
  issuance of, pistol, or handgun, permits in Westchester. As it pertains to this controversy,
  I rendered a Decision and Order dated October 2, 2008 denying the application of
  plaintiff, Christina M. Nikolov for a "full carry" pistol license.

3. In my role as a handgun licensing officer, I am presented with a packet of

materials, including the application and the applicant's supporting documents; the results of any

and all criminal and mental health background checks performed by the Department of Public

Safety for Westchester, who, p irsuant to Penal Law § 400.00 (4) is charged with investigating an

applicant's background and application statements; and the recommendations of the various

levels of the Department of Public Safety. The materials I reviewed in connection with

Nikolov's application are annexed to the Affirmation of Anthony J. Tomari, sworn to January 25,

2011, submitted in support of the State Defendants' Cross-Motion for Summary Judgment

("Tomari Aff.") as Exhibit "G.

4. After reviewing the materials related to Ms. Nikolov's application, I issued a

decision and order denying her application for a full carry pistol license, dated October 2, 2008.

A copy of my October 2, 2008 Order and Decision is annexed to the Tomari Aff as Exhibit "O".

5. As my October 2, 2008 Order and Decision makes clear, I denied Ms. Nikolov's

application for an unrestricted, full carry pistol permit, because she failed to demonstrate "that

she has a special need for self-protection distinguishable from that of the general public".

6. Rendering the October 2, 2008 Decision and Order was my only involvement in

this controversy.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: January 18, 2011

White Plains, New York

EFFREY A COHEN

2

## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Alan Kachalsky, Christina Nikolov, Eric Detmer,
Johnnie Nance, Anna Marcucci-Nance,
and Second Amendment Foundation, Inc.,

Plaintiffs, : Civil Action Number:

: 10-cv-5413

-against- : (Hon. Cathy Seibel)

Susan Cacace, Jeffrey A. Cohen, Albert Lorenzo, Robert K. Holdman and County of Westchester,

Defendants. :

#### DECLARATION OF THE HONORABLE ALBERT LORENZO

The undersigned declares under penalty of perjury and in accordance with 28 U.S.C. §1746 as follows:

- I am a Defendant herein and submit this declaration in support of the State
   Defendants' Cross-Motion for Summary Judgment and in opposition to the Plaintiffs'
   Motion for Summary Judgment based on my personal knowledge.
- 2. I currently serve as an Acting Justice for the Supreme Court of the State of New York, Westchester County. I have served as a judge for 8 years. Pursuant to New York State Penal Law § 265.00 (10) one of my duties as an Acting Justice in Westchester, is to act as a Westchester County handgun licensing officer. As such, I am familiar with the practices and procedures regarding the application for, and issuance of, pistol, or handgun, permits in Westchester. As pertains to this controversy, I rendered a Decision denying the application of plaintiff, Eric R. Detmer, to amend, or change, his current pistol permit for target shooting, to a "full carry" license.

- 3. In my role as a handgun licensing officer, I am presented with a packet of materials, including the application and the applicant's supporting documents; the results of any and all criminal and mental health background checks performed by the Department of Public Safety for Westchester, who, pursuant to Penal Law § 400.00 (4) is charged with investigating an applicant's background and application statements; and the recommendations of the various levels of the Department of Public Safety. The materials I reviewed in connection with Detmer's amendment application are annexed to the Affirmation of Anthony J. Tomari, sworn to January 25, 2011, submitted in support of the State Defendants' Cross-Motion for Summary Judgment ("Tomari Aff.") as Exhibit H.
- 4. After reviewing the materials related to Mr. Detmer's application, I denied his application for a full carry pistol license, and informed him through correspondence dated September 27, 2010. A copy of my September 27, 2010 correspondence to Mr. Detmer is annexed to the Tomari Aff as Exhibit P.
- 5. As my September 27, 2010 correspondence stated, I denied Mr. Detmer's application to change his current license which permits target shooting, to an unrestricted, full carry pistol permit, because I saw no justification warranting a "full carry" permit for Mr. Detmer.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: January 19, 2011 White Plains, New York

## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Alan Kachalsky, Christina Nikolov, Eric Detmer, Johnnie Nance, Anna Marcucci-Nance, and Second Amendment Foundation, Inc.,

Plaintiffs, : Civil Action Number:

: 10-cv-5413

(Hon. Cathy Seibel)

-against-

Susan Cacace, Jeffrey A. Cohen, Albert Lorenzo, Robert K. Holdman and County of Westchester,

Defendants.

DECLARATION OF THE HONORABLE ROBERT K. HOLDMAN

The undersigned declares under penalty of perjury and in accordance with 28 U.S.C. §1746 as follows:

- I am a Defendant herein and submit this declaration in support of the State
   Defendants' Cross-Motion for Summary Judgment and in opposition to the Plaintiffs'
   Motion for Summary Judgment based on my personal knowledge.
- 2. I currently serve as a Justice of the Supreme Court of the State of New York, Bronx County. Previously, I served as a Justice of the Supreme Court of the State of New York, Westchester County ("Westchester"). I served in this capacity since June, 2005. Pursuant to New York State Penal Law § 265.00 (10) one of my duties as a Supreme Court Justice in Westchester, was to act as a Westchester County handgun licensing officer. As such, I am familiar with the practices and procedures regarding the application for, and issuance of, pistol, or handgun, permits in Westchester. As pertains to this controversy, I rendered two (2) decisions, both dated September 9, 2010 denying

the applications of plaintiffs Johnnie Nance ("Nance"), and Anna L. Marcucci-Nance ("Marcucci-Nance") to amend, or change, their current pistol licenses which permit target shooting to "full carry" permits. Each applicant also sought to amend their permits to add one firearm and delete one firearm from their licenses, each of which was granted.

- 3. In my role as a handgun licensing officer, I am presented with a packet of materials, including the application and the applicant's supporting documents; the results of any and all criminal and mental health background checks performed by the Department of Public Safety for Westchester, who, pursuant to Penal Law § 400.00 (4) is charged with investigating an applicant's background and application statements; and the recommendations of the various levels of the Department of Public Safety. The materials I reviewed in connection with Nance's application are annexed to the Declaration of Anthony J. Tomari, ("Tomari Decl.") as Exhibit I. The materials I reviewed in connection with Marcucci-Nance's application are annexed to the Tomari Decl. as Exhibit J.
- 4. After reviewing the materials related to Mr. Nance's application, I issued a decision dated September 9, 2010, denying his application to amend his license from target shooting to a full carry, but approving the application to add one firearm and delete one firearm. A copy of my September 9, 2010 Decision pertaining to Nance is annexed to the Tomari Aff as Exhibit O.
- 5. As I noted in my September 9, 2010 Decision, "those charged with the duty to oversee handgun licensing . . .must . . . recognize and honor the right while at the same time recognizing the limits to the right to bear arms under the Second Amendment".

- 6. My September 9, 2010 Decision further finds that "[t]he burden of establishing 'proper cause' for the issuance of a full-carry permit is upon the applicant to establish a 'special need for self-protection distinguishable from that of the general community or of persons engaged in the same profession' ".
- 7. Upon reviewing Mr. Nance's application materials, I found that he had "not provided the court with any information that he faces any danger of any kind that would necessitate the issuance of a full carry firearm license; or [had] demonstrated a need for self-protection distinguishable from that of the general public or of other persons similarly situated". I thus denied his application to amend his license from target shooting to "full carry".
- 8. The process and reasoning was exactly the same for Marcucci-Nance. As I noted in the September 9, 2010 Decision denying her application to amend her pistol permit from target shooting to "full carry", she, too, failed to provide "the court with any information that she faces any danger of any kind that would necessitate the issuance of a full carry firearm license; nor [had she] demonstrated a need for self-protection distinguishable from that of the general public or of other persons similarly situated". In fact, neither Mr. Nance nor Ms. Marcucci-Nance indicated that they wanted full-carry license for any self-defense purposes. Instead, the only reason either provided for a full-carry license was the need to carry handguns in connection with handgun training courses. A copy of my September 9, 2010 Decision pertaining to Marcucci-Nance is annexed to the Tomari Decl. as Exhibit R.
- 9. Therefore, as with Nance's application, and for all the same reasons, I denied Marcucci-Nance's application to amend her pistol permit from target shooting to a

"full carry" license. However, as with Nance, I did approve the amendment to the original license noting the deletion of one firearm and adding one firearm.

10. Rendering the two (2) decisions pertaining to plaintiff Nance and plaintiff Marcucci-Nance, both dated September 10, 2010, was my only involvement in this controversy.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: January 20, 2011

White Plains, New York

### IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK WHITE PLAINS DIVISION

ALAN KACHALSKY, CHRISTINA NIKOLOV, ERIC DETMER, JOHNNIE NANCE, ANNA MARCUCCI-NANCE, and SECOND AMENDMENT FOUNDATION, INC.,

Plaintiffs.

Case No. 10-CV-05413

٧.

(Hon. Cathy Seibel)

SUSAN CACACE, JEFFERY A. COHEN, ALBERT LORENZO, ROBERT K. HOLDMAN, AND COUNTY OF WESTCHESTER,

Defendants.

#### DECLARATION OF THE HONORABLE DAVID R. ROEFARO

The Honorable David R. Roefaro, declares under penalty of perjury and in accordance with 28 U.S.C. §1746 as follows:

- I. I am the Mayor of the City of Utica ("Utica"), having been sworn into office on January 1, 2008. I make this declaration in support of the motion for summary judgment of Susan Cacace, Jeffrey A. Cohen, Albert Lorenzo and Robert K. Holdman, ("State Defendants"), and in opposition to the Plaintiffs' motion for summary in the above captioned proceeding, and to outline Utica's interest in reducing handgun violence and seeing the "proper cause" requirement of New York's "full carry" licensing statute upheld.
- 2. It would be detrimental to Utica's interests, and the interests of cities like Utica, to remove the element of proper cause from consideration in issuing permits to carry concealed weapons. Mayors understand proper cause as a necessary public safety buffer that permits the reasonable regulation of the issuance of concealed carry licenses, in allowing persons who are able, to make an appropriate showing to obtain licenses.

APPX, 521

- 3. Shortly before I took office in 2008, gun crimes were rising in my city. We had even lost an officer in a shooting involving a concealed handgun during a routine traffic stop that year. In my 2009 State of the City Address, I promised my citizens that I would do my best to eradicate gun violence from our city. I partnered with other mayors in this cause and successfully fought to lower the amount of gun crimes in Utica as well as in our sister cities.
- 4. I believe that the licensing laws in New York are fundamental to our efforts to keep Utica safe and to lowering the amount of violence. Other states without a discretionary element in their gun licensing schemes, like New York's proper cause provision, have experienced more guns on the streets and may even supply more guns to cities like mine. I can say with complete confidence that removing the "proper cause" requirement will hurt public safety. Any policy that allows an individual to carry a concealed weapon without substantial screening, beyond mere criminal and mental-health background checks, would increase the danger to both citizens and police officers alike, and propel the false idea that a greater proliferation of gun possession on the streets is somehow desirable and more important than allowing the city to properly use its police force to protect its citizenry.
- 5. To understand the magnitude of the challenge we face, it is worth noting that in Utica, we take one illegal gun off the streets every week. Most, nearly 90%, come from other states. Encouraging more public possession of concealed handguns will only intensify our difficulties. In my experience as Mayor, more guns on our streets will increase violence and exacerbate a city culture where the populace would feel unsafe venturing out to our public areas. The growth of a fearful anxiety would undermine our efforts to attract businesses and families to our city to enable it to grow.
- 6. In sum, the proper cause requirement is a reasonable and necessary element of a thorough background check for anyone who wishes to carry a concealed weapon in public. It will limit carry concealed weapons to those individuals who have some greater reason than "just

### 

because" and is essential in my office's efforts to make Utica a thriving and vibrant community. It's just that simple.

7. Respectfully, I humbly request that the Court uphold judicial discretion in seeking proper cause for the issuance of a concealed carry license.

Mayor of the City of Utica

JOHN P. ORILIO Notary Public in the State of New York Reg. #010R4647270 Qualified in Oneida County My Commission Expires January 31, 20

Swan before the this 24th Day of

### IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK WHITE PLAINS DIVISION

ALAN KACHALSKY, CHRISTINA NIKOLOV, ERIC DETMER, JOHNNIE NANCE, ANNA MARCUCCI-NANCE, and SECOND AMENDMENT FOUNDATION, INC.,

Plaintiffs,

Case No. 10-CV-05413

v.

(Hon. Cathy Seibel)

SUSAN CACACE, JEFFERY A. COHEN, ALBERT LORENZO, ROBERT K. HOLDMAN, AND COUNTY OF WESTCHESTER,

Defendants.

### DECLARATION OF THE HONORABLE STEPHANIE A. MINER

The Honorable Stephanie A. Miner declares under penalty of perjury and in accordance with 28 U.S.C. §1746 as follows:

- 1. I am the Mayor of the City of Syracuse ("Syracuse"), having been sworn into office effective January 1, 2010. I make this declaration in support of the motion for summary judgment of Susan Cacace, Jeffrey A. Cohen, Albert Lorenzo and Robert K. Holdman, in opposition to the Plaintiffs' motion for summary and to outline Syracuse's interest in reducing handgun violence and seeing the "proper cause" requirement of New York's "full carry" permits upheld.
- 2. I believe the "proper cause" provision of the New York State handgun licensing statute is helpful in regulating the number of concealed, loaded and operable handguns on the streets of Syracuse, and that it would be adverse to the interests of Syracuse to remove the element of proper cause from consideration in issuing permits to carry concealed weapons. In my belief, the requirement of "proper cause" enhances public safety by allowing the reasonable regulation of the issuance of concealed carry licenses. It provides that such licenses will issue to

individuals who can show that they have a reasonable self-defense need to carry a concealed handgun in public, while denying licenses to those individuals who are unable to make that

showing.

3. Thus, I believe that the current laws in New York strike an important balance

between the right and the responsibility of carrying a concealed handgun on the streets of

Syracuse. Eliminating the proper cause provision will inevitably increase the numbers of

concealed and loaded handguns in public, placing the Syracuse Police force in greater danger. It

may also create a perception that because people believe that there are increased numbers of

persons carrying handguns in public, they themselves should also do so, which will over time

make the streets of Syracuse more dangerous.

4. Unfortunately, the prevalence of public gun possession does more than just create

a perception of violence. On October 31st of 2010, a twenty-month old toddler was murdered by

a member of a criminal gang using a handgun. Gangs are a public health issue in Syracuse, and

as Mayor I believe that limiting the number of guns carried in public is a valuable tool I have to

control gang violence.

5. Reasonably regulating the public possession of concealed weapons is important in

securing the safety of my city; this is a not unimportant component of our effort to encourage

economic growth, and we cannot afford another drain on our ability to create jobs and grow as a

city.

6. For these reasons I support the continued application of the "proper cause"

requirement.

Sworn to before methis 25th day of January, 2011

Catherine E. Canuce Notary Public CATH

CATHERINE E. CARNRIKE Notary Public, State of New York No. 02CA6112791

Qualified in Onondaga County

Commission Expires July 12, 20

APPX. 52

Stephanie A. Miner, Esq.,

Mayor of the City of Syracuse

^

## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

ALAN KACHALSKY, CHRISTINA NIKOLOV, ERIC DETMER, JOHNNIE NANCE, ANNA MARCUCCINANCE, and SECOND AMENDMENT FOUNDATION, INC.,

**DECLARATION** 

Plaintiff:

10-CV-05413

-against-

Hon. Cathy Seibel

SUSAN CACACE, JEFFREY A. COHEN, ALBERT LORENZO, ROBERT K. HOLDMAN, and COUNTY OF WESTCHESTER,

Defendants.

Thomas L. Fazio declares under penalty of perjury pursuant to 28 U.S.C. § 1746:

- 1. I have been a member of the New York State Police for over 30 years. During my tenure, I have served in the positions of Trooper, Investigator, Lieutenant, Captain, Major Troop Commander, Staff Inspector, Assistant Deputy Superintendent Bureau of Criminal Investigation ("BCI") (which oversees operations for more than 1000 investigators assigned to the investigative branch of the State Police in stations and special details across the state), and now as Deputy Superintendent, with overall responsibility for field operations. While in the BCI, I was a hostage negotiator in Poughkeepsie. I hold the rank of Colonel.
- 2. Counsel informs me that plaintiffs in this action challenge the constitutionality of the portion of New York's handgun law that prohibits the possession of concealed handguns on the street without a permit. I submit this declaration in support of

defendants' cross-motion for summary judgment on the grounds that New York's restriction on the right to carry a concealed handgun in public is consistent with the Second Amendment.

- 3. From a law enforcement perspective, strong reason exists for New York's more demanding regulatory control of pistols and revolvers carried in public than those maintained for self-defense in one's home.
- 4. The inherent danger of firearms is readily apparent. The easy accessibility of a gun in public can increase the danger associated with emotional confrontations, such as road rage incidents, disputes involving broken relationships, or suicide attempts. One who is depressed or cannot control anger or emotions may pose a greater danger in public if he or she can simply draw a gun from a waistband. Numerous unknown people may be present and the surroundings may be unfamiliar to the shooter. Uninvolved and innocent bystanders can be placed at great risk. Handguns are particularly dangerous. It takes little skill to operate today's semi-automatic pistols. With the flick of a thumb, a shooter can drop a depleted magazine from the pistol grip. In a couple of seconds, he or she can load another magazine and chamber a round. A person wearing clothes containing a few pockets can easily carry enough magazines to supply dozens of rounds of ammunition without detection.
- 5. The decision of whether to fire a gun in public must be made in only a moment, and yet is enormously complicated. The State Police, for example, imposes rigorous training and qualification standards on its members before they are allowed to carry a gun. During the 26-week academy training, each recruit is educated and tested on

the capabilities and use of firearms. They are subjected to extensive range training, and must pass difficult tests before graduation. Included in the training are sessions devoted to the split-second decision to shoot. Recruits are required to view films of possible perpetrators engaged in a variety of activities and to shoot at the image on the screen when they believe deadly force is necessary. Mistakes made in training are corrected, and innocent lives in public are thereby saved. Initial gun training alone is inadequate. In the absence of unusual circumstance, members of the State Police undergo qualification testing every six months. Life and death decisions in public cannot be made without extensive training and continued reevaluation.

- 6. Even highly trained police officers, however, can mistake law abiding and well intentioned citizens for armed criminals. From 1981 to 2009, for instance, 26 police officers around the country have been shot and killed by fellow officers who have mistaken them for dangerous criminals. The last two tragedies occurred in New York State. *See* Reducing Inherent Danger: Report of the Task Force on Police-on-Police Shootings (2010). A variety of factors can be responsible for mistaken shootings. Mistaking a non-threatening citizen for a killer is a far greater concern in street situations than those in a home.
- 7. Concealed gun possession on the street poses special dangers for police officers. About 73 percent (357 of 490) of firearms used in killings of police from 2000 to 2009 were handguns (typically not the officer's own weapon), even though the restrictions on the acquisition of long guns are much less demanding. U.S. Dept. of

Justice, FBI, Law Enforcement Officers Killed & Assaulted (LEOKA) 2009, table 27. (fbi.gov/ucr/killed/2009/data/table\_27.html; visited Jan. 17, 2011).

- 8. Further, like some other states, New York imposes restrictions on police in citizen encounters that are not mandated by the United States Constitution. Therefore, police in New York must exercise great restraint in determining whether a person is armed, and a proliferation of handguns in public can complicate that task. New York police officers are instructed that under New York case law, police must have "founded suspicion of criminal activity" before asking questions that may lead a person to believe he or she is suspected of a crime. Accordingly an officer with a hunch that the person is armed, but with no reasonable suspicion, may not ask if the person is carrying any guns, and may not ask the person for consent to be frisked. I am informed by counsel that cases illustrating New York law in this area include *People v. DeBour*, 40 N.Y.2d 210 (1976) and *People v. Hollman*, 79 N.Y.2d 181 (1992).
- 9. In light of the dangers accompanying handgun possession on the street, background investigations are appropriate before a permit is issued. This process may yield information suggesting that the applicant is a poor candidate for an unrestricted pistol permit, even if he or she has no criminal or mental health record. Obligating the state to issue permits for street gun possession to all but those with criminal or mental health records would eliminate the ability of the licensing officer to balance the information disclosed in the background investigation with the need for an unrestricted permit. Applying such a constitutional rule to the entire state would eliminate the ability to distinguish between the dissimilar concerns of a rural county such as Essex from an

urban county such as Brooklyn. It could lead to a proliferation of handguns in the public square, and thereby increase the danger to citizens and police officers alike.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 21, 2011, Albany, New York

Thomas L. Fazio

### UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

ALAN KACHALSKY, CHRISTINA NIKOLOV, ERIC DETMER, JOHNNIE NANCE, ANNA MARCUCCINANCE, and SECOND AMENDMENT FOUNDATION, INC.,

**DECLARATION** 

Plaintiffs,

10-CV-05413

-against-

Hon. Cathy Seibel

SUSAN CACACE, JEFFREY A. COHEN, ALBERT LORENZO, ROBERT K. HOLDMAN, and COUNTY OF WESTCHESTER,

Defendants.

James Sherman declares under penalty of perjury pursuant to 28 U.S.C. § 1746:

- 1. I am a member of the New York State Police, holding the rank of Technical Sergeant. I supervise the Pistol Permit Bureau in the agency's Office of Central Records.
- 2. The Pistol Permit Bureau is the repository for records concerning various classes of firearms and licenses in New York State. It provides assistance and guidance to persons charged with the responsibility of issuing firearms licenses, and to those seeking and holding pistol/revolver licenses.
- 3. My office gathers and maintains data regarding firearms licenses. Attached as Exhibit A is a summary of firearms license transactions received by the Pistol Permit Bureau from 1999 through 2009. The first substantive column represents the numbers of permit application that were approved at the county level and forwarded to the Bureau. The "Weapon Transaction" column lists the numbers of transactions, such as the purchase and

3. In my role as a handgun licensing officer, I am presented with a packet of

materials, including the application and the applicant's supporting documents; the results of any

and all criminal and mental health background checks performed by the Department of Public

Safety for Westchester, who, p irsuant to Penal Law § 400.00 (4) is charged with investigating an

applicant's background and application statements; and the recommendations of the various

levels of the Department of Public Safety. The materials I reviewed in connection with

Nikolov's application are annexed to the Affirmation of Anthony J. Tomari, sworn to January 25,

2011, submitted in support of the State Defendants' Cross-Motion for Summary Judgment

("Tomari Aff.") as Exhibit "\_\_\_\_.

4. After reviewing the materials related to Ms. Nikolov's application, I issued a

decision and order denying her application for a full carry pistol license, dated October 2, 2008.

A copy of my October 2, 2008 Order and Decision is annexed to the Tomari Aff as Exhibit " ".

5. As my October 2, 2008 Order and Decision makes clear, I denied Ms. Nikolov's

application for an unrestricted, full carry pistol permit, because she failed to demonstrate "that

she has a special need for self-protection distinguishable from that of the general public".

6. Rendering the October 2, 2008 Decision and Order was my only involvement in

this controversy.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: January 18, 2011

White Plains, New York

JEFFREYA COHEN

2

**Exhibit A to Declaration of James Sherman** 

## <u>Ten Year Summary of Firearms License Transactions Received at the New York State Police Pistol Permit</u> <u>Bureau: 1999 – 2009</u>

| Year | Applications<br>Received<br>By PPB* | Weapon<br>Transactions<br>Received** | Amendments<br>Received | Dealer<br>Gunsmith<br>Licenses<br>Received | Dealer<br>Gunsmith<br>Transaction<br>Reports |
|------|-------------------------------------|--------------------------------------|------------------------|--------------------------------------------|----------------------------------------------|
| 1999 | 10,388                              | 215, 897                             | 65,632                 | . 833                                      | 77,423                                       |
| 2000 | 11,297                              | 158,036                              | 70,473                 | 827                                        | 83,303                                       |
| 2001 | 10,858                              | 174,584                              | 69,827                 | 829                                        | 90,477                                       |
| 2002 | 13,416                              | 202,831                              | 69,606                 | 818                                        | 91,283                                       |
| 2003 | 11,989                              | 275,122                              | 68,970                 | 791                                        | 104,168                                      |
| 2004 | 12,097                              | 156,409                              | 64,765                 | 805                                        | 108,630                                      |
| 2005 | 10,589                              | 118,555                              | 65,636                 | 736                                        | 86,853                                       |
| 2006 | 11,344                              | 241,347                              | 67,117                 | 733                                        | 93,168                                       |
| 2007 | 12,307                              | 278,832                              | 71,587                 | 701                                        | 107,052                                      |
| 2008 | 13,325                              | 364,458                              | 73,130                 | 701                                        | 110,787                                      |
| 2009 | 18,577                              | 254,543                              | 93,028                 | 705                                        | 118,314                                      |

<sup>\*</sup>Only applications approved at the county level are forwarded to and received by the NYSP Pistol Permit Bureau

New York City currently has 36,017 pistol/revolver licenses on file

<sup>\*\*</sup>This number can be affected by backlogs existing during that specific calendar year

### **Exhibit B to Declaration of James Sherman**

## APPLICATIONS RECEIVED BY COUNTY 2007

| COUNTY        | APPLICATIONS          |
|---------------|-----------------------|
| ALBANY        | 119                   |
| ALLEGANY      | 73                    |
| BROOME        | 204                   |
| CATTARAUGUS   | 198                   |
| CAYUGA        | 106                   |
| CHAUTAUQUA    | 265                   |
| CHEMUNG       | 106                   |
| CHENENGO      | 61                    |
| CLINTON       | 107                   |
| COLUMBIA      | 105                   |
| CORTLAND      | 70                    |
| DELAWARE      | 100                   |
| DUTCHESS      | 544                   |
| ERIE          | 961                   |
| ESSEX         | 91                    |
| FRANKLIN      | 60                    |
| FULTON        | 93                    |
| GENESEE       | 73                    |
| GREENE        | 54                    |
| HAMILTON      | 27                    |
| HERKIMER      | 100                   |
| JEFFERSON     | 98                    |
| LEWIS         | 46                    |
| LIVINGSTON    | 116                   |
| MADISON       | 77                    |
| MONROE        | 606                   |
| MONTGOMERY    | 68                    |
| NASSAU        | 849                   |
| NEW YORK CITY | 2,609 (38,187 Active) |
| NYSP          | 75                    |
| NIAGARA       | 244                   |
| ONEIDA        | 297                   |
| ONONDAGA      | 382                   |
| ONTARIO       | 130                   |
| ORANGE        | 487                   |
| ORLEANS       | 48                    |
| OSWEGO        | 146                   |
| OTSEGO        | 101                   |
| PUTNAM        | 199                   |
| RENSSELAER    | 164                   |
| ROCKLAND      | 304                   |

| COUNTY       | APPLICATIONS |
|--------------|--------------|
| ST. LAWRENCE | 192          |
| SARATOGA     | 257          |
| SCHENECTADY  | 108          |
| SCHOHARIE    | 71           |
| SCHUYLER     | 64           |
| SENECA       | 38           |
| STEUBEN      | 139          |
| SUFFOLK      | 1,709        |
| SULLIVAN     | 222          |
| TIOGA        | 92           |
| TOMPKINS     | 67           |
| ULSTER       | 321          |
| WARREN       | 79           |
| WASHINGTON   | 77           |
| WAYNE        | 242          |
| WESTCHESTER  | 545          |
| WYOMING      | 90           |
| YATES        | 40           |
|              |              |
| TOTAL        | 14,916       |

## APPLICATIONS RECEIVED BY COUNTY 2008

| COUNTY        | APPLICATIONS                  |
|---------------|-------------------------------|
| ALBANY        | 186                           |
| ALLEGANY      | 109                           |
| BROOME        | 219                           |
| CATTARAUGUS   | 277                           |
| CAYUGA        | 134                           |
| CHAUTAUQUA    | 271                           |
| CHEMUNG       | 112                           |
| CHENENGO      | 93                            |
| CLINTON       | 109                           |
| COLUMBIA      | 164                           |
| CORTLAND      | 83                            |
| DELAWARE      | 112                           |
| DUTCHESS      | 606                           |
| ERIE          | 811                           |
| ESSEX         | 64                            |
| FRANKLIN      | 59                            |
| FULTON        | 83                            |
| GENESEE       | 76                            |
| GREENE        | 108                           |
| HAMILTON      | 34                            |
| HERKIMER      | 93                            |
| JEFFERSON     | 195                           |
| LEWIS         | 85                            |
| LIVINGSTON    | 108                           |
| MADISON       | 83                            |
| MONROE /      | 822                           |
| MONTGOMERY    | 81                            |
| NASSAU        | 896                           |
| NEW YORK CITY | 2,276 (TOTAL ACTIVE – 36,937) |
| NYSP          | 78                            |
| NIAGARA       | 272                           |
| ONEIDA        | 289                           |
| ONONDAGA      | 356                           |
| ONTARIO       | 159                           |
| ORANGE        | 640                           |
| ORLEANS       | 76                            |
| OSWEGO        | 159                           |
| OTSEGO        | 136                           |
| PUTNAM        | 197                           |
| RENSSELAER    | 175                           |
| ROCKLAND      | 263                           |

| COUNTY       | APPLICATIONS |
|--------------|--------------|
| ST. LAWRENCE | 178          |
| SARATOGA     | 282          |
| SCHENECTADY  | 179          |
| SCHOHARIE    | 54           |
| SCHUYLER     | 48           |
| SENECA       | 55           |
| STEUBEN      | 140          |
| SUFFOLK      | 1,518        |
| SULLIVAN     | 298          |
| TIOGA        | 70           |
| TOMPKINS     | 47           |
| ULSTER       | 319          |
| WARREN       | 120          |
| WASHINGTON   | 95           |
| WAYNE        | 430          |
| WESTCHESTER  | 447          |
| WYOMING      | 127          |
| YATES        | 45           |
|              |              |
| TOTAL        | 13,325       |

## APPLICATIONS RECEIVED BY COUNTY 2009

| COUNTY        | APPLICATIONS                  |
|---------------|-------------------------------|
| ALBANY        | 193                           |
| ALLEGANY      | 178                           |
| BROOME        | 421                           |
| CATTARAUGUS   | 336                           |
| CAYUGA        | 190                           |
| CHAUTAUQUA    | 681                           |
| CHEMUNG       | 202                           |
| CHENENGO      | 116                           |
| CLINTON       | 120                           |
| COLUMBIA      | 215                           |
| CORTLAND      | 118                           |
| DELAWARE      | 215                           |
| DUTCHESS      | 678                           |
| ERIE          | 713                           |
| ESSEX         | 64                            |
| FRANKLIN      | 56 .                          |
| FULTON        | 139                           |
| GENESEE       | 185                           |
| GREENE        | 189                           |
| HAMILTON .    | 37                            |
| HERKIMER      | 103                           |
| JEFFERSON     | 117                           |
| LEWIS         | 94                            |
| LIVINGSTON    | 216                           |
| MADISON       | 115                           |
| MONROE        | 1,239                         |
| MONTGOMERY    | 78                            |
| NASSAU        | 1,093                         |
| NEW YORK CITY | 2,071 (TOTAL ACTIVE – 36,017) |
| NYSP          | 64                            |
| NIAGARA       | 382                           |
| ONEIDA        | 372                           |
| ONONDAGA      | 643                           |
| ONTARIO       | 281                           |
| ORANGE        | 917                           |
| ORLEANS       | 132                           |
| OSWEGO        | 300                           |
| OTSEGO        | 226                           |
| PUTNAM        | 352                           |
| RENSSELAER    | 248                           |
| ROCKLAND      | 410                           |

| COUNTY       | APPLICATIONS                  |
|--------------|-------------------------------|
| ST. LAWRENCE | 270                           |
| SARATOGA     | 393                           |
| SCHENECTADY  | 214                           |
| SCHOHARIE    | 98                            |
| SCHUYLER     | 102                           |
| SENECA       | 73                            |
| STEUBEN      | 205                           |
| SUFFOLK      | 1,956                         |
| SULLIVAN     | 285                           |
| TIOGA        | 149                           |
| TOMPKINS     | 115                           |
| ULSTER       | 374                           |
| WARREN       | 137                           |
| WASHINGTON   | 175                           |
| WAYNE        | 690                           |
| WESTCHESTER  | 643                           |
| WYOMING      | 202                           |
| YATES        | 68                            |
| TOTAL        | 18,577 (DOES NOT INCLUDE NYC) |

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Alan Kachalsky, Christina Nikolov, Eric Detmer, Johnnie Nance, Anna Marcucci-Nance, and Second Amendment Foundation, Inc.,

Plaintiffs, : Civil Action Number: 10-cv-5413

-against-

Susan Cacace, Jeffrey A. Cohen, : (Hon. Cathy Seibel)

Albert Lorenzo, Robert K. Holdman and County of Westchester,

Defendants. :

### DECLARATION OF ANDREW LUNETTA

The undersigned declares under penalty of perjury and in accordance with 28 U.S.C. §1746 as follows:

#### EXPERIENCE

- I, Andrew Lunetta, am a Deputy Inspector in the New York City Police
   Department (NYPD), assigned as the Commanding Officer of the License Division.
- 2. I make this Declaration upon information and belief, based upon nearly 24 years in various assignments in the NYPD, near three years in my present assignment in the License Division, consultation with other members from various commands within the NYPD, and a review of NYPD records. My career has included a mix of assignments in which I performed legal work in my capacity as an attorney, and enforcement work, which has included patrol and supervision of investigations and patrol functions in my capacity as a sworn member of the NYPD. My years of experience involving police/citizen interaction in public settings (such as investigating disputes, accidents,

infractions, and crimes, as well as policing to balance rights and competing interests during the exercise of First Amendment rights at demonstrations) in New York City's busy and often stressed environment have led me to conclude that there is a need for reasonable restriction on the number of concealed handguns possessed on the street. This is best accomplished by the investigation of individual applications, subject to an administrative and legal process, in order to balance the rights of those who can demonstrate a need for self protection outside the home distinguishable from that of the general public (i.e. those who can demonstrate "proper cause") with the government interest in maintaining public safety by limiting the number of concealed handguns on the street.

## IMPORTANCE OF LAW ENFORCEMENT DISCRETION IN GUN LICENSING DETERMINATIONS

3. New York State law gives the NYPD a central role in issuing licenses to carry handguns to persons with a residence or principal place of business within the City of New York. First, the NYPD, like the Westchester County Department of Public Safety, as a duly constituted police authority investigates applicants for handgun licenses as required by Penal Law § 400.00(4). Second, the NYPD Police Commissioner serves as a licensing officer and thus makes decisions to grant or deny licenses under §§ 265.00(10) and 400.00(1) – a role filled by judges with regard to applicants in Westchester County. Furthermore, § 400.00(6) requires a special permit from the commissioner (Special Carry – out-of-city validation – license) to carry a concealed handgun within the City, even if the bearer has a license issued in another county of the state, with certain narrow exceptions. Finally, § 400.00(11) empowers the commissioner to revoke a license at any time.

- 4. Those powers are exercised pursuant to relevant chapters within Title 38 of the Rules of the City of New York (38 RCNY), which, consistent with the Penal Law, clarify how those powers will be used. In particular, decisions on handgun licensing are made by NYPD's License Division. Application denials can be appealed in writing to the Director of the License Division, and revocation of active licenses can be appealed by a hearing before an administrative law judge with final review by the Director, in either case leading to final agency determination. These decisions are made consistent with both the Penal Law and NYPD's regulations.
- 5. Careful investigations, with an even application of standards, into both the applicant and their asserted basis for a showing of proper cause, which is designed to distinguish the applicant's need for self protection outside the home from that of the general public, ensure a precise fit between the "proper cause" requirement and the public safety interest in intelligently limiting full-carry handgun licenses. These careful investigations take place with each application for a carry license.
- 6. The NYPD's discretion over handgun licensing, while necessarily broad, is not absolute. Decisions to deny or revoke a license can be, and often are, challenged in state court under Article 78 of the Civil Practice Law and Rules. The NYPD's decision is upheld in the majority of such cases but is sometimes overturned.
- 7. Based on my and the NYPD's knowledge of handgun license applicants and of gun criminals, eliminating the "proper cause" requirement and thereby limiting the ability to deny a license to carry a handgun to only those circumstances where the applicant is prohibited from possessing a firearm by the specific provisions of federal law (18 U.S.C. § 922(g)) or state law (paragraphs (a), (c), and (e) of Penal Law § 400.00(1))

will be insufficient to prevent the granting of such licenses to potentially dangerous individuals who may commit crimes or endanger themselves. This is because only the review for "proper cause" allows the NYPD to investigate why a particular applicant wishes to carry a gun, how likely he or she is to need it for legitimate self-defense, and whether that need might be satisfied by a more limited class of license.

(with the rare exceptions noted elsewhere in PL 400.00(2)) after investigating the applicant and finding that he or she has proper cause to carry a concealed firearm in public places outside his/her home or place of business. In order to better inform applicants, NYPD has published a regulation explaining two major forms of proper cause: applicants who have received threats and those who face exceptional personal danger due to their jobs. 38 RCNY 5-03. As the regulation stresses, however, those are not the only forms of proper cause, and "the License Division will consider any proof . . . which document[s] the need for a handgun license." In any case, as required by the Penal Law, NYPD investigates applicants to confirm that they have proper cause. For example, if an applicant claims to need to carry a handgun because s/he carries large quantities of cash for business, NYPD will request records to confirm the size and frequency of the business's cash deposits.

### PROBLEMS FROM PREVALENCE OF CARRIED HANDGUNS

9. A change to New York's licensing system that would enlarge the number of handguns carried in public, such as removal of the "proper cause" requirement, would based upon my professional experience, increase the dangers to citizens and law enforcement officers and would make it more difficult for the NYPD to do its job of protecting the public.

- 10. In particular, increases in the prevalence of carried handguns will, based upon my professional experience, add to the danger facing NYPD officers. Every NYPD officer murdered in the line of duty since at least 2005 has been killed with a handgun (excluding those who died, on September 11, 2001 or thereafter, from the attacks that day).
- 11. The prevalence of guns poses a similar threat to law enforcement officers across the country. According to the FBI's latest report, *Law Enforcement Officers*Killed and Assaulted 2009, 48 law enforcement officers were feloniously killed in the line of duty nationwide in 2009. Of those 48, 45 (94%) were killed by a gun, including 28 (58%) who were killed by a handgun.
- 12. Handgun possession plays a significant role in the commission of many crimes, and the NYPD focuses its attention accordingly. For several years, New York City has been the safest big city in America, according to an analysis of crime data released by the FBI in its *Crime in the United States*, the Uniform Crime Reports. The NYPD has had great success in crime reduction, which has occurred while the reasonable restriction of requiring "proper cause" has been in place. Based upon my experience I find it reasonable to conclude that continued success at crime reduction would be made more difficult if the restriction were removed and more firearms were carried on the street.
- 13. An increasing prevalence of handgun carrying will pose particular problems for officers in already dangerous situations. It will endanger officers who stop people on the street or who stop motorists during a car stop by making it more likely that

such people are armed with handguns.

- 14. Police encounters with plain clothes police officers and off-duty police officers have always been an area wrought with difficult tactics and great potential for danger. The tactics and split-second decisions required during these encounters could become more complicated, and therefore more dangerous, if a greater number of individuals were possessing handguns on the street.
- 15. A key part of the NYPD's strategy for reducing crime has been targeting areas of high crime, especially gun crime, across the City. For example, based upon my review of NYPD records and policies, Operation Impact send large numbers of officers to the precincts with the greatest crime problems. Within each precinct, commanders use data to concentrate patrol and other resources on the areas with the most crime. Not only homicide, but also shootings and other gun crimes are key factors in this targeting.
- 16. Especially in those targeted areas, but throughout the City, NYPD officers concentrate their efforts against illegal firearms possession. A change in New York's licensing laws that would remove the "proper cause" requirement would have the effect of making the public possession of concealed handguns more common, and would make it more difficult for police officers to distinguish between lawful and unlawful possession and take appropriate action pursuant to law. Likewise, it would make it more dangerous for law enforcement officers to deal with situations where they have reason to believe that concealed handguns are present, or when persons encountered by officers exhibit signs indicating to officers that they may be carrying a concealed handgun. The existing New York State "proper cause" provision for handgun licensing is an important tool in enabling law enforcement to enhance public safety and to provide protection to law

enforcement officers and the public in general in instances involving the potential for violence.

I declare under penalty of perjury that the foregoing is true and correct.

Date: January 26, 2011

Andrew Lunetta

1 Police Plaza

New York, NY 10038

### UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Alan Kachalsky, Christina Nikolov, Eric Detmer,
Johnnie Nance, Anna Marcucci-Nance,
and Second Amendment Foundation, Inc.,

Plaintiffs,

Plaintiffs,

Civil Action Number:
10-cv-5413

-against
(Hon. Cathy Seibel)

Susan Cacace, Jeffrey A. Cohen,
Albert Lorenzo, Robert K. Holdman
and County of Westchester,

Defendants.

### **DECLARATION OF BRUCE BELLOM**

The undersigned declares under penalty of perjury and in accordance with 28 U.S.C. §1746 as follows:

- 1. I am a Sergeant within the Westchester County ("County")

  Department of Public Safety, assigned to the Pistol Licensing Unit as the Commanding

  Officer. I make this declaration in support of the Defendants' Cross-Motion for Summary

  Judgment and in Opposition to the Plaintiffs' Motion for Summary Judgment.
- 2. I have been employed by the County of Westchester for 29 years, was promoted to Sergeant in 1991, and have been the Commanding Officer of the Pistol License Unit of the Westchester County Department of Public Safety since May 2007. As such, I am familiar with the practices and procedures of the County regarding the application for pistol permit licenses within the County, and thus make this declaration based upon personal knowledge of those practices and procedures as well as upon my review of records kept in the normal course of business by the County.

- 3. The Pistol Licensing Unit conducts the investigations directed by the statutory mandate of Penal Law §400.00(4) for applications made within the geographical location of Westchester County. In connection with this mandate, the Pistol Licensing Unit investigates each application, compiles an investigative file for each such application, and summarizes the investigation for the New York State Judge acting as licensing officer pursuant to Penal Law §265.00(10). The Pistol License Unit maintains a copy of the applications submitted within the geographical area of Westchester County.
- 4. An individual may obtain an application from the County Clerk's Office, which maintains the blank application packets as well as the original completed application files. An application packet includes the New York State application form (Exhibit B<sup>1</sup>), and the New York State Police approved Pistol License Safety Information Handbook for Westchester County and investigation information forms, including Character Reference Letter forms (Exhibit C).
- 5. As Exhibit A indicates, after requiring basic identifying information the applicant must state for which type of pistol/revolver license he/she is applying. The application form provides three (3) boxes, one of which must be checked, to indicate whether the applicant seeks: a) a "carry concealed" license; b) a "possess on premises" license; or c) "possess/carry during employment" license. The application form also requires the applicant to set forth the "reason" why he/she claims that "[a] license is required...".
- 6. The application form requires the applicant to provide four (4) character references "who by their signature attest to [the applicant's] good morale

<sup>&</sup>lt;sup>1</sup> All Exhibits referenced herein are attached to the Declaration of Anthony J. Tomari, Esq., sworn to on January 26, 2011.

character" and to disclose whether he/she has "ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI, (except traffic infractions)" and if so, to disclose the date, police agency, charge and disposition, including the court and date of disposition. (Exhibit B).

- 7. In addition, the applicant must disclose whether he/she has ever: a) been discharged from any employment or the armed forces for cause; b) undergone treatment for alcoholism or drug use; c) suffered from any mental illness; d) had a pistol license; dealer's license; gunsmith license; or any application for such a license disapproved or had such a license revoked or cancelled; e) any physical condition which could interfere with the safe and proper use of a handgun; and f) been charged, petitioned against, a respondent, or otherwise been a subject of a proceeding in family court. If the "YES" box to any of these questions is checked, the applicant must provide a written explanation. (Exhibit B).
- 8. One set of fingerprints is collected in a digital fingerprinting system by the police members Pistol Permit Unit.
- 9. The applicant must also complete the investigation information attachment applicable to the type of pistol license requested. A copy of the investigation information attachment for a full carry pistol permit license entitled "Attachment: Full Carry", Exhibit D.
- 10. A separate form is used for individuals seeking to amend a current pistol permit license, entitled "Application for Amended or Duplicate Pistol License" (hereinafter "Amendment Form", Exhibit E). The Amendment Form requests the same identifying information as the initial application form, but requests the original pistol

license number and asks the applicant to circle the reason why an amendment to the license is being sought. The Amendment Form lists as reasons: a) residence change; b) disposal of the gun; c) acquired a new gun; d) name change; e) restriction change; f) transfer; g) a duplicate license; h) surrendering the license; i) requesting a license be suspended; j) or revoked; k) the holder of the license is deceased; and l) some "other" reason.

- 11. Depending upon the reason selected, the applicant is directed to provide certain pertinent information. Where the applicant is requesting a current license be changed to a "full" or concealed carry permit, the applicant must complete the same "full carry" attachment as required by an original application. *See* Exhibit C.
- 12. Upon receipt of a completed initial application, a police member of the Pistol Permit Unit conducts the investigation as required under Penal Law §400.00(4). For an initial application, this investigation includes a fingerprint based criminal background check with the New York State Department of Criminal Justice Services, the Federal Bureau of Investigation and the National Instant Criminal Background system. When the applicant is filing for a restriction change, the criminal background check is updated by a search of the National Instant Criminal Background system.
- 13. As part of the investigation, the applicant's identifying information is forwarded to the New York State Department of Mental Hygiene to determine if the applicant had any hospitalizations for mental illness.
- 14. In addition to the background and mental health check, the investigation includes, but is not limited to, a review of the application form, Character Reference Letters submitted with the application form, and the application attachment

completed by the applicant. I review these materials and, once the investigation is deemed complete, I compile an investigation summary for the Judge. I submit this investigation and summary to my superiors. A lieutenant, the Chief Inspector of Administrative Services, and the Commissioner or a Deputy Commissioner also review the materials and return an investigation summary to me for submission to the Judge.

- 15. The entire investigation file is submitted to the Judge for review and decision on the application. The role of the Pistol Permit Unit is limited to the investigation described herein. The County has no ability to grant or deny license applications or amendments.
- 16. The process described above was used to compile the investigative files for Plaintiffs Alan Kachalsky (Exhibit F), Christina Nikolov (Exhibit G), Eric Detmer (Exhibit H), Johnnie Nance (Exhibit I) and Anna Marcucci-Nance (Exhibit I), and these are true and accurate copies of the files maintained by the Pistol Permit Unit.
- 17. Based upon my review of the unofficial file management system of the Pistol Permit Unit, the Judges granted approximately 130 full carry pistol permit licenses, approximately 471 pistol permit licenses restricted to target shooting, and approximately 41 pistol permit licenses restricted to carrying during the course of employment out of the applications submitted in 2010. Approximately 76 applications from 2010 remain pending.

I declare under penalty of perjury that the foregoing is true and correct

Dated: White Plains, NY January 24, 2011

Bruce Bellom

| UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YO |   |                                   |
|----------------------------------------------------------|---|-----------------------------------|
| Alan Kachalsky, Christina Nikolov, and                   | : | 411                               |
| Second Amendment Foundation,                             |   |                                   |
| Plaintiffs,                                              | : | Civil Action Number<br>10-cv-5413 |
| -against-                                                | : | or o de cer h                     |
| Susan Cacace, Jeffrey A. Cohen, and                      | : | (Hon. Cathy Seibel)               |
| County of Westchester,                                   | : |                                   |
| 20 may 22                                                | : |                                   |

Defendants.

### **DECLARATION OF MARGE COHEN**

Marge Cohen, declares and states, under penalties of perjury, as follows:

- 1. I am a Program Research Specialist in the Office of Justice Research & Performance of the New York State Division of Criminal Justice Services ("DCJS"). In that capacity I am a duly authorized custodian of, and a person authorized by DCJS to certify the authenticity of memoranda, reports, records and data compilations kept by DCJS in the course of its regularly conducted business activities.
- 2. DCJS electronically maintains records regarding criminal arrests and convictions within New York as well as criminal history, and the records and data regarding criminal arrests, convictions and criminal history data attached hereto are kept by DCJS in the ordinary course of its business. This information is received at the time of the act, transaction, occurrence or event recorded therein or within a reasonable time thereafter, is recorded as a regular practice of DCJS and the state court system, it is a regular practice of DCJS to make and keep such data, and the data is maintained by DCJS in the regular course of the agency's business.

Pursuant to 28 U.S.C. §1746 I declare under penalty of perjury that the foregoing is true and correct. Executed on January 19, 2011.

### NYS DIVISION OF CRIMINAL JUSTICE SERVICES

### 2009 FELONY ARRESTEES 21 YEARS AND OLDER

|                |                 | # with Prior Fel |       |
|----------------|-----------------|------------------|-------|
|                | Total Arrestees | Convs            | %     |
| Oneida         | 1,005           | 394              | 39.2% |
| Onondaga       | 2,396           | 910              | 38.0% |
| Westchester    | 3,644           | 1,084            | 29.7% |
| New York State | 109,705         | 36,461           | 33.2% |

Source: DCJS, Computerized Criminal History Oracle file as of 12/20/2010.

# PRIOR FELONY CONVICTIONS AMONG PERSONS ARRESTED FOR FELONY PL 125 HOMICIDE BY YEAR AND ARRESTING COUNTY 21 YEARS AND OLDER

| Year |                       | Oneida | Onondaga | Westchester |
|------|-----------------------|--------|----------|-------------|
| 2000 | Persons Arrested      | 6      | 24       | 47          |
|      | # with Prior Fel Conv | 2      | 8        | 19          |
|      |                       |        |          |             |
| 2001 | Persons Arrested      | 7      | 13       | 40          |
|      | # with Prior Fel Conv | 1      | 5        | 15          |
|      |                       |        |          |             |
| 2002 | Persons Arrested      | 10     | 22       | 34          |
|      | # with Prior Fel Conv | 4      | 9        | 13          |
| 2002 | D Amarkad             | 11     | 12       | 22          |
| 2003 | Persons Arrested      | 11     | 13       | 32          |
|      | # with Prior Fel Conv | 3      | 2        | 17          |
| 2004 | Persons Arrested      | 9      | 22       | 20          |
| 2007 | # with Prior Fel Conv | 4      | 11       | 7           |
|      | # WICH THOI TELECTIV  |        | -11      | · /         |
| 2005 | Persons Arrested      | 10     | 19       | 30          |
|      | # with Prior Fel Conv | 6      | 10       | 13          |
|      |                       |        |          |             |
| 2006 | Persons Arrested      | 12     | 21       | 17          |
|      | # with Prior Fel Conv | 5      | 9        | 5           |
|      |                       |        |          |             |
| 2007 | Persons Arrested      | 13     | 17       | 28          |
|      | # with Prior Fel Conv | 4      | 6        | 14          |
|      |                       |        |          |             |
| 2008 | Persons Arrested      | 11     | 14       | 9           |
| [    | # with Prior Fel Conv | 6      | 4        | 3           |
| 2000 |                       |        | 40       |             |
| 2009 | Persons Arrested      | 5      | 12       | 16          |
| L    | # with Prior Fel Conv | 2      | 6        | 5           |

Note: Includes all completed and attempted PL 125 felony arrest charges

Source: DCJS, Computerized Criminal History Oracle file as of 12/20/2010.

JOINT APPENDIX CONTINUED IN FOLLOWING VOLUME